DISTRICT OF COLUMBIA
OFFICE OF THE INSPECTOR GENERAL
CHARLES C. MADDOX, ESQ.
INSPECTOR GENERAL

INSPECTIONS AND EVALUATIONS DIVISION

EXECUTIVE SUMMARY OF THE REPORT OF INSPECTION

CENTRAL DETENTION FACILITY

DEPARTMENT OF CORRECTIONS

REPORT NUMBER 02 – 00002FL
OCTOBER 2002

Inspections and Evaluations Division
Mission Statement

The Inspections and Evaluations (I&E) Division of the Office of the Inspector General is dedicated to providing District of Columbia (D.C.) Government decision makers with objective, thorough, and timely evaluations and recommendations that will assist them in achieving efficiency, effectiveness and economy in operations and programs. I&E goals are to help ensure compliance with applicable laws, regulations, and policies; to identify accountability; recognize excellence; and promote continuous improvement in the delivery of services to D.C. residents and others who have a vested interest in the success of the city.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Inspector General

Inspector General

September 30, 2002

Mr. Odie Washington
Director
Department of Corrections
1923 Vermont Avenue, Northwest
Room N207
Washington, DC 20001

Enclosed is our final *Report of Inspection of the Department of Corrections*. Your agency's comments on the 32 findings and 55 recommendations by the inspection team are included in the report.

You requested that some findings and recommendations be removed from the report because problems we cited either have been corrected since our inspection took place, or there are ongoing initiatives that will correct them. It is our practice to report not only what we found in an agency during the period of our inspection, but to also report all agency responses to those findings in their entirety. This practice provides both agency managers and District stakeholders with a complete picture of the operations that were evaluated, and in your case, shows clearly the efforts being made to create a more efficient and well-run corrections system.

In accordance with Mayor's Order 2000-105, District agencies are responsible for taking action on all agreed-upon recommendations in this final Report of Inspection. The Office of the Inspector General (OIG) has established a process to track agency compliance and to facilitate our follow-up inspection activities. Enclosed are *Compliance Forms* on which to record and report to this Office any actions you have taken concerning each outstanding recommendation. We request that you and your administrators establish response dates on the forms and advise us of those dates so we can enter them on our copies of the *Compliance Forms*. We know that in some instances, things beyond your control, such as budget decisions, impact on trying to set specific deadlines. In those instances, we request that you assign *target dates* based on whatever knowledge and experience you have about a particular issue. Please ensure that the *Compliance Forms* are returned to the OIG by the response date, and that reports of "Agency Action

Taken" reflect actual completion, in whole or in part, of a recommended action rather than "planned" action. We will work closely with your designated focal point throughout the compliance process.

We appreciate the cooperation shown by you and your employees during the inspection and we hope to continue in a cooperative relationship during the upcoming follow-up period.

If you have questions or require assistance in the course of complying with our recommendations, please contact me or Alvin Wright, Jr. Assistant Inspector General for Inspections and Evaluations at 202-727-9249.

Sincerely,

Charles C. Maddox, Esq.
Inspector General

Enclosure/Attachment

CCM/AW/jcs

cc: See **Distribution**

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BOCA	Building Officials and Code Administrators International, Inc.
BD	Budget Director
CDF	Central Detention Facility
CFO	Chief Financial Officer
CIP	Capital Improvement Program
CU	Culinary Unit
D.C. OSH	District of Columbia Occupational Safety and Health
DOC	Department of Corrections
DOH	Department of Health
FOP	Fraternal Order of Police
HAZCOM	Hazardous Communication Plan
HIV	Human Immunodeficiency Virus
HVAC	Heating, Ventilation, and Air Conditioning Unit
IAQ	Indoor Air Quality
JACCS	Jail and Community Corrections System
MAR	Management Alert Report
MSDS	Material Safety Data Sheets

ACRONYMS

NIOSH	National Institute of Occupational Safety and Health
OSHA	Occupational Safety and Health Administration
RIF	Reduction-In-Force

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Background

The Inspections and Evaluations (I&E) team of the Office of the Inspector General (OIG) conducted an inspection of the District of Columbia Department of Corrections (DOC), Central Detention Facility (CDF) from April to June 2001. The team found significant deficiencies in all inspected areas, but also found that many deficiencies are beyond the control of division managers and need to be addressed at higher levels within CDF and DOC senior management.

Scope and Methodology

The inspection focused on adherence to laws, regulations, and policies, and compared CDF operations to those in other local municipalities in four key areas: health and safety; management; capital improvement projects; and compliance with court orders. The team conducted 50 interviews, reviewed numerous documents, directly observed key work processes, and inspected selected work areas and facilities. This report contains 32 findings and 55 recommendations, all of which were reviewed and commented upon by CDF and DOC senior management prior to publication. The inspection team found CDF and DOC management and employees cooperative and responsive throughout the inspection.

Perspective

The CDF provides security, custody and care to all persons committed or placed in temporary custody by the Courts, U.S. Marshals, the Federal Bureau of Prisons or other authority. The CDF was built in 1976 and new cellblocks were added in 1980. The CDF can accommodate approximately 2,200 inmates, but operates at or below 1,674. This reduction in capacity is a result of a stipulation of parties dated August 25, 1985, in *Campbell v. McGruder* Civil Action Nos. 1462 - 71 and 75-1668, in the District Court for the District of Columbia (Stipulation), to reduce the population at the D.C. Jail.

EXECUTIVE SUMMARY

The CDF primarily detains pre-trial status inmates, but also houses convicted and sentenced felons and misdemeanants pending their transfer to another facility, jurisdiction or pending release. The CDF is the initial intake facility for parole violators and inmates returned from Community Correctional Centers. The CDF also provides rehabilitative and medical services to detainees to prepare them for release.

Compliance and Follow-up

The OIG inspection process includes follow-up with inspected agencies on findings and recommendations. A compliance form for each finding, with recommendations, will be sent to the Director of the Department of Corrections (D/DOC) along with this Report of Inspection. The I&E Compliance Officer will coordinate with D/DOC and CDF management on verifying compliance with recommendations over an established time period. In some instances, follow-up inspection activities and additional reports may be required.

FINDINGS, RECOMMENDATIONS, DOC/CDF COMMENTS

Compliance And Monitoring

Repeated health and safety violations cited at the CDF and the Halfway House by CDF personnel, Department of Consumer and Regulatory Affairs (DCRA), and DOC inspectors are not being abated. The team reviewed health and safety inspection reports issued by CDF and DOH health inspectors as well as DCRA inspection reports. The reports revealed that each agency cited the same, repeated violations, all of which were rampant in both facilities. Violations included: vermin and rodent infestation; food serving utensils stored with hazardous chemicals, allowing for potential cross contamination of food; unsanitary conditions in the culinary unit such as stagnant water on floors; dirty floors with cracked and warped tiles; and unsanitary and deteriorated bathrooms and showers in the Halfway House. Many of these deficiencies were continually noted on

inspection reports over a 2-year period and had not been abated. Recommendations: (a) That D/DOC coordinate with DOH to develop and implement follow-up inspections within 30 days to ensure abatement of the cited violations. (b) That D/DOC ensure that CDF management is held accountable for the immediate abatement of violations. (Page 22). **DOC Comments:** DOC disagrees with the finding that cited violations are not being abated. In fact, they are typically abated in a timely manner. DOC environmental safety and facility managers walk with outside inspectors and begin abatement as deficiencies are noted during the inspection. DOC subsequently transmits an abatement plan of action to DOH/DCRA on outstanding items, usually within 30 days of receipt of written deficiencies.

Due to the age and heavy utilization of DOC facilities, similar categories of deficiencies will be discovered in different places during subsequent inspections (e.g., leaking showers and pipes, cracked walls, missing light bulbs/covers, etc.). DOC has received funding for several major capital improvement projects that will correct many of the environmental safety and sanitation issues that have been cited. **OIG Comments:** Action planned and taken by DOC should adequately address the condition noted.

Deficiencies Cited During DOH and DCRA Inspections Remain Unabated in Violation of Court Stipulation. Pursuant to the stipulation of parties in *Campbell v. McGruder* (see Appendix 2), CDF management was to arrange for inspections by DCRA and DOH. The inspection team reviewed an August 9, 2000, inspection report by DOH. The report documented numerous deficiencies such as plumbing problems, including leaking pipes; low water pressure, inoperative faucets and showerheads; missing light bulbs or bulbs with improper wattage in cells; exposed electrical wiring adjacent to shower stalls; floors in showers and the culinary unit in deplorable condition, including broken tiles, holes in floors and accumulated water beneath floor surfaces producing unsanitary conditions and a collection of flies and larvae; cell walls with large cracks and crevices, many so large that adjacent cells could be seen through the cracks; and leaking ceilings and walls.

A subsequent inspection of CDF facilities on June 6, 2001, found that these deficiencies still existed and they were addressed to DOC in an OIG Management Alert Report. The inspection team reviewed DOH quarterly inspection reports over a one-year period and found that the same deficiencies were cited on each visit and had not been abated. DOC remains non-compliant with court-ordered mandates and continues to place inmate and staff health and safety at risk. Recommendations: That D/DOC direct the Warden / CDF Compliance Officer and Cellblock Officer(s) in charge to ensure that the deficiencies cited in inspections by internal and external agencies are abated. (Page 25). **DOC Comments:** DOC disagrees with the finding because the overwhelming share of individual deficiencies has routinely been abated. However, based upon the age of the facility and the heavy utilization (e.g., over 14,000 inmate admissions per year), certain classes of deficiencies will continue to surface throughout the building until major structural renovations funded in the Capital Improvement Projects (CIP) have been completed (e.g., plumbing, electrical, lighting, HVAC, floors, etc.). **OIG Comments:** Action planned and taken by DOC should adequately address the condition noted.

Despite numerous studies of the Records Office and recommendations for improvements, its poor handling of inmate records and other information continues to cause significant problems, including the premature and delayed release of inmates. The District of Columbia Office of the Corrections Trustee (Trustee), and the DOC Office of Internal Controls, Compliance and Accreditations (OICCA) have conducted studies of the CDF Records Office and found several problems. The inspection team observed that many of those problems still existed: the lack of policies and procedures, the lack of formal training, inaccurate and untimely computation of sentences by the Legal Instrument Examiners (LIEs), the lack of security and quality control of inmate files, and errors associated with retrieving and purging information in the automated records Jail and Community Corrections System (JACCS). (Page 28).

Inaccurate information in the computer system has resulted in inmates being released too early or incarcerated beyond their release dates. The inspection team asked the DOC Chief of Network Operations (D/CNO) for accurate information on the number of inmates currently

housed in CDF who are being held beyond their release dates. The D/CNO queried JACCS on October 25, 2001, and the system produced a figure of 703 inmates. When the system was queried for the official number of inmates incarcerated, the total provided was 1496. This would mean that 47% of the current inmate population is being held beyond their release date. However, both the D/CNO and the CDF Warden questioned the accuracy of the figures. The D/CNO and the CDF Warden stated that they were attempting to address the problem by conducting a cell by cell accounting of individuals who were presently incarcerated and purging the records of individuals who were no longer being held in the facility.
Recommendations: (a) That D/DOC establish policies and procedures to verify the accuracy of data in the JACCS system. (b) That D/DOC establish policies and procedures to ensure that accurate sentence computations are entered into JACCS and that inmates are not being held beyond their release dates. (Page 29). **DOC Comments:** DOC disagrees in part with the finding because the review of official hard copy documentation in an inmate's file provides the primary basis for making release determinations. Accurate data systems are necessary for reporting and to ensure checks and balances. Since the IG's inspection, DOC has taken several major steps to upgrade the quality of its data. These steps have included development of a very detailed procedures manual that exceeds 1200 pages, provision of extensive training on the application of these procedures, and development of a library of quality control reports that are available to both line and supervisory personnel at the desktop level. **OIG Comments:** Action planned and taken by DOC should adequately address the condition noted.

An internal audit could not locate official files on 100 inmates. An internal audit conducted in June 2001 by the Records Office indicated that 100 inmates incarcerated at the CDF did not have an official folder. Inmates incarcerated at the CDF without an official folder in the Records Office could be serving time beyond their sentences because the official folder contains the inmates' charges, demographics, commitment orders, and sentence computations. This file must be maintained in the active file system, which identifies inmates currently incarcerated. An inmate with a hearing and speech disability was erroneously incarcerated for 22 months without an active inmate file folder in the Records Office because his official folder had been erroneously retired. **Recommendations:** (a) That

the Deputy Warden for Programs immediately take action to locate or re-create all missing official inmate files. (b) That D/DOC require the Deputy Warden for Programs to develop a means of tracking inmate file folders. (Page 32). **DOC Comments:** DOC agrees in part with the finding. DOC maintains an official institutional record on each inmate as appropriate. However, in some cases, the CDF may not be the custodian of an official institutional inmate record at a specific period of detention. Therefore, it is not uncommon that a percentage of inmate records cannot be immediately located. For example, at any given time, approximately 100 inmates are committed to the CDF only on US Attorney's letters, 50 to 60 are held on Writs, and approximately 50 are incarcerated on a US Marshal's Hold Form 41. Additionally, CDF had traditionally been the inmate records repository, but as space became a premium, over 60,000 inactive files were being archived to the Washington National Records Center (WNRC) at the time of the inspection. When inmates are re-incarcerated, it takes upwards of seven business days to retrieve the official file from the WNRC. The JACCS database, commitment papers and databases shared with other criminal justice agencies provide sufficient information to make housing, custody and classification decisions until the inmate's record is retrieved from WNRC. A secured entry into the renovated Records Office, and a series of new procedures will ensure greater control of records as well.

Health and Safety

CDF management had not complied with federal law requiring that portable fire extinguishers be readily accessible to employees. The inspection team observed expired fire extinguishers in the warehouse, penthouse[1] and culinary unit[2] areas of the CDF. The extinguishers were not labeled to identify their class or type and had not been inspected or recharged since December 1998. **Recommendation:** That the Director DOC (D/DOC) ensure that fire extinguishers are labeled, charged and are the appropriate class, and that all non-working and extraneous extinguishers are discarded in compliance with federal law. (Page 53). **DOC Comments:** During the course of the IG inspection, new inspection tags were placed on

[1] "Penthouse" denotes the workroom and roof-top areas located at the top level of the CDF building.
[2] "Culinary Unit" denotes the kitchen area of the CDF where food is prepared and stored.

each extinguisher that was in service. Obsolete/inoperative extinguishers that were located in the penthouse and warehouse were removed from the facility. The August 27, 2001 D.C. Fire and Emergency Medical Services (DCFEMS) Department Report did not cite any mislabeled fire extinguishers. The six (6) fire extinguishers cited by the DCFEMS as needing tagging, mounting or service have either been tagged, serviced or replaced. Regular inspections as well as abatement of such matters are tracked by the DOC Fire Safety Inspector.

CDF management had not complied with federal law regarding the storage of hazardous materials. Hazardous chemicals such as cleaning solvents and lubricants were improperly stored in the warehouse area. Several of the storage drums containing these chemicals were leaking and chemicals had spilled onto the floor. The inspection team found several areas where electrical wires were hanging from the ceiling and touching the floor. In addition, storage drums and containers of hazardous chemicals stored in the warehouse and storage areas within the culinary unit were not labeled to identify the contents, as required by federal law. **Recommendations:** (a) That D/DOC and CDF management requests inspections of the CDF by the District of Columbia Office of Occupational Safety and Health and the District of Columbia Fire and Emergency Medical Services Department. (b) That D/DOC and CDF management ensure that all drums and containers containing hazardous chemicals are properly labeled and separated as required by federal law. (Page 56). **DOC Comments:** DOC is in full compliance with federal law and the BOCA National Fire and Prevention Code regarding the storage of hazardous materials. On August 7, 2002, the DCFEMS conducted a four-day inspection of the facility and concluded that the recommended firewall was not necessary, and that storage of hazardous material in fireproof cabinets would be sufficient.

The CDF does not have a Hazardous Communication Written Plan in place as required by federal law. The inspection team determined that the CDF lacks a written communication plan for employees working with and in the proximity of hazardous chemicals used for cleaning. In addition, the federal Occupational Safety and Health Administration (OSHA) mandates that employers conduct Hazardous Communication training for all

employees. CDF employees stated that they have not received any training in the proper handling of hazardous materials. **Recommendation:** That D/DOC and CDF management complete and implement a written Hazardous Communication Plan as required by federal law. (Page 60). **DOC Comments:** DOC disagrees with the finding because Department Order 2920.3, dated March 8, 1993, titled Hazardous Chemicals, was in effect at the time of the inspection. As part of the ongoing effort to update all policies and procedures, a revised Program Statement for a hazardous communications program is undergoing final review.

In addition, Environmental Safety and Sanitation training has been implemented for all employees. To date, over 300 employees at the CDF have been trained regarding chemicals approved for use in the facility, directions on each chemical's purpose and use, and an overview of emergency procedures and use of Material Safety Data Sheets (MSDS). As noted in the DOC response to the MAR, MSDS sheets have been placed in every area where chemicals are used and/or stored (i.e., culinary, warehouse, chemical distribution room, laundry and all housing units). **OIG Comments:** Action planned and taken by DOC should adequately address the condition noted.

CDF management has not complied with federal law regarding written emergency evacuation plans. The inspection team was informed by the CDF safety staff that there is no written emergency evacuation plan in place. The absence of an emergency evacuation plan endangers the safe evacuation of CDF employees and inmates in the event of a fire or other emergency. **Recommendation:** That DOC and CDF management develop and implement a written emergency evacuation plan with a floor plan showing the routes of exit as required by federal law. (Page 64). **DOC Comments:** DOC has historically maintained an evacuation plan at the Central Detention Facility. At the time of the inspection, this evacuation plan, dated May 18, 1992, was being updated to comply with American Correctional Association Standards and DOC policy mandating annual reviews and updates of policy and procedures. On February 1, 2002, the "Fire Safety Program and Evacuation Plan" was approved. This emergency evacuation plan includes a color floor plan with evacuation routes for

employees and inmates, and specifies exit locations, fire extinguishers and standpipes. All areas of the CDF are covered by the plan.

DOC management has not implemented recommendations in two District of Columbia Auditor reports pertaining to overcrowded conditions at the Halfway House. The team reviewed two District of Columbia Auditor reports, dated August 3, 1999, and March 29, 2000, which cited many violations associated with inadequate and overcrowded conditions at the Halfway House and provided recommendations to abate these conditions. The deficiencies recorded in these reports still existed, and recommendations had not been implemented at the time of the OIG inspection. **Recommendation:** That D/DOC review the Auditor's reports dated August 3, 1999, and March 29, 2000, and implement the recommendations pertaining to the overcrowded conditions at the Halfway House. (Page 80). **DOC Comments:** DOC disagrees with this finding. It has been negotiating with the owner of Community Correctional Center 4 (CCC) for a new lease agreement through the DC Office of Property Management (OPM). DOC has asked OPM to address the lack of significant terms and conditions in the expired lease agreement, such as requiring necessary renovations and improvements to the building, and meeting all appropriate zoning and safety requirements. **OIG Comments:** Action planned and taken by DOC should adequately address the condition noted.

Untrained Halfway House employees are dispensing and disposing of medical supplies in violation of federal law. One of the duties of Halfway House employees is to dispense needles to special needs inmates (e.g. inmates who are diabetic) and dispose of used needles. Employees stated that they have not received any training regarding the health and safety procedures necessary to perform such duties, nor do they have the proper safety equipment to use, such as gloves, when disposing of used needles. Employees also stated that they feel uncomfortable with disposing of used needles because they are concerned about exposure to blood-borne diseases and have not been trained on how to prevent infection. **Recommendations:** (a) That D/DOC implement needle dispensing and disposal procedures that comply with federal law. (b) That D/DOC require that medical personnel dispense medical supplies to inmates or train non-

medical personnel to properly dispense and dispose of medical supplies issued to inmates. (c) That D/DOC provide medical training in emergency medical procedures for non-medical Halfway House personnel in the event an inmate improperly administers an injection. (Page 83). **DOC Comments:** Policies and procedures are in place for the distribution of medical supplies to inmates. Medical staff issues a standard supply of diabetic syringes and pre-measured vials to each diabetic. Diabetic medication is maintained in a refrigerator in the control center on the first floor and issued from there. Syringes are secured in the medicine cabinet that is under the control and custody of the correctional staff at the control center and are issued as required. Inmates enter the first floor bathroom where they self-administer the medication. This bathroom is in direct sight and surveillance of the officers manning the control center. Immediately after injection, the inmate is required to dispose of the syringe using the biohazard container that is approximately 10 feet from the officer monitoring disposal. The on-site medical staff coordinates the removal of the biohazard waste container. **OIG Comments:** Action planned and taken by DOC should adequately address the condition noted.

Management

Case Managers are not held accountable for their work hours or their presence in their cellblock offices. Case Managers are assigned offices within the cellblocks to assist the inmates by providing informal individual and group counseling sessions, and preparing various factual and evaluative reports that are used by the Parole Board, Courts, senior departmental officials, and outside agencies to determine the inmates' suitability for release. Many correctional officers, however, stated that inmates are frustrated because case managers are frequently absent and unavailable to provide assistance. The inspection team reviewed the log of inmate grievances filed and noted that the cellblocks with the greatest number of absences by Case Managers had the most grievances. **Recommendation:** That the Warden develop and implement policies requiring Case Managers to be in their cellblock offices on a daily basis for inmate assistance. (Page 91). **DOC Comments:** DOC disagrees with this finding because compliance was achieved prior to commencement of the

inspection. Case Managers are required to spend a minimum of 15 hours per week in their cellblock offices. Each Case Manager has established office hours, which are posted in their respective housing units. This allows the inmate population and staff to be aware of when Case Managers will be in their offices. **OIG Comments:** Action planned and taken by DOC should adequately address the condition noted.

Capital Improvement Program

DOC management did not consider some relocation alternatives for temporary inmate housing during the renovation of the Central Detention Facility (CDF) which could lead to substantial cost and time savings, and reduce concerns about security and project management. During interviews with engineers from the Facilities Management Division of the CDF, the team learned of the extensive renovation project planned for the CDF. After reviewing the renovation plan, the inspection team determined that there were several alternatives for temporary inmate housing that should have been evaluated and considered for implementation. The OIG addressed the issue in a May 18, 2001, Management Alert Report (MAR) to D/DOC. D/DOC's response to the OIG agreed with the recommendation to renovate a pod that consists of three cellblocks instead of renovating one cellblock at a time. **Recommendation:** That D/DOC establish a team to evaluate the feasibility of alternatives to current renovation plans. Based on the results of the study and the recommendations of the evaluation team, D/DOC can then make a more informed decision about renovating the CDF. (Page 101). **DOC Comments:** DOC did consider renovation alternatives, as the IG noted. DOC subsequently determined that it was not feasible to repair three cellblocks at a time because of inmate population pressures. Instead, DOC is repairing 2 cellblocks at a time when working in the East and West housing areas and one cellblock when on the North or South Side. This approach will save the District at least $1 million by cutting project duration an estimated six months. These savings are obtainable because of the Department's in-depth analyses and evaluation, and should be noted as such in the Inspector General's report. **OIG Comments:** Action planned and taken by DOC should adequately address the condition noted.

Due to the lack of a long-term lease agreement or purchase arrangement, DOC officials have been unwilling to make much needed renovations to the Halfway House. The lack of a long-term lease agreement for the Halfway House was an issue raised in a District of Columbia Auditor's report dated March 29, 2000. The report noted that the Department of Correction's lease for the Halfway House facility had expired on January 30, 1997, and since that time, the District has maintained a month-to-month leasing arrangement (at $25,500/month) with the property owner. The building needs major renovations and according to DOC officials, the District is responsible for the cost of all repairs. A DOC memorandum written by the facility manager and dated May 22, 2001, estimates that renovation costs for the most serious deficiencies will be $1,189,000. **Recommendation:** That D/DOC coordinate with the Office of Property Management to negotiate a long-term lease agreement, seek a purchase agreement, or seek funding for a replacement facility. (Page 102). **DOC Comments:** The DOC, in concert with the DC Office of Property Management, had been negotiating with the owner of Community Correctional Center 4 well before commencement of the inspection. DOC has advised OPM of the need to correct the lack of sufficient terms and conditions in the expired lease agreement, require necessary renovations and improvements to the building, and meet all appropriate zoning and safety requirements.

INTRODUCTION

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Background

The Inspector General (IG) directed an inspection of the Central Detention Facility (CDF) in April 2001 as part of the Mayor's initiative to review, evaluate and improve performance standards in all components of the District of Columbia government.

An entrance conference was held at DOC Administrative Headquarters with the Director of DOC (D/DOC), the warden of the CDF, and members of the Director's staff.

The CDF provides security, custody and care to all persons committed or placed in temporary custody by the Courts, U.S. Marshals, Federal Bureau of Prisons or other authority. The CDF was built in 1976 and new cellblocks were added in 1980. The CDF can accommodate approximately 2,200 inmates, but operates at or below 1,694. This reduction in capacity is a result of the stipulation of Parties in *Campbell v. McGruder* (see Appendix 2), which was issued in 1994 to prevent overcrowding at the facility.

The CDF primarily detains pre-trial status inmates, but also houses convicted and sentenced felons and misdemeanants pending their transfer to another facility, jurisdiction or pending release. The CDF is the initial intake facility for parole violators and inmates returned from Community Correctional Centers. The CDF also provides rehabilitative and medical services to detainees to prepare them for release.

Scope and Methodology

Prior to the start of the inspection, the I&E Team met with the Warden to discuss areas of particular concern to her. She stated that there were morale and productivity problems due to employee concerns about a pending Reduction-In-Force (RIF). Employees believed that their careers and livelihoods were at stake. She pointed out that the RIF had been scheduled and rescheduled a number of times and that employees were frustrated with the indecision regarding the RIF.

INTRODUCTION

The inspection of the CDF evaluated the efficiency of the organizational structure and the effectiveness of all major operations as measured against standards set by CDF management. Inspectors determined adherence to laws, regulations, and policies and compared CDF operations to other local municipalities. They evaluated and inspected four major areas:

- compliance with court orders;
- health and safety;
- management; and
- capital improvement projects.

The team conducted 50 interviews, reviewed numerous documents, directly observed key work processes and inspected selected work areas and facilities. A list of the 32 findings and 55 recommendations are at Appendix 1.

Compliance and Follow-up

The OIG inspection process includes follow-up with inspected agencies on findings and recommendations. A compliance form for each finding with recommendations will be sent to the D/DOC along with this Report of Inspection. The I&E Compliance Officer will coordinate with the D/DOC and CDF management on verifying compliance with recommendations over an established time period. In some instances, follow-up inspection activities and additional reports may be required.

Findings and Recommendations:

COMPLIANCE AND MONITORING BACKGROUND

COMPLIANCE AND MONITORING BACKGROUND

The CDF has received attention from the media, the Building Inspection Division of the Department of Consumer Regulatory Affairs (DCRA) and the Department of Health (DOH) due to recurring environmental and health and safety deficiencies. In addition, the DOC has had a recurring problem with the erroneous release of prisoners.

Over the years, judges have issued numerous court orders to improve unsatisfactory conditions at the CDF. A key Stipulation, *Campbell v. McGruder* (hereafter "Stipulation") limits CDF's occupancy to 1,694 inmates, requires regular inspections of the facility, outlines procedures for the timely release of eligible inmates and appoints special court officers to monitor jail operations (Appendix 2).

The U.S. District Court has assigned a Special Officer to monitor the progress of compliance with environmental, health and safety regulations. The Special Officer has tasked the DOH and DCRA to conduct inspections of the CDF. DOH's Health Care Facility Division scheduled three inspections in 2001 and the results were to be forwarded to the CDF Warden for action. Per the Stipulation, the Warden had 30 days to address any cited deficiencies. Many of the deficiencies cited as a result of the DOH inspections remain unabated.

In June 2000, DOC management developed the Cleanliness and Housekeeping Program to help abate many of the unsanitary conditions at the CDF. The program is a management plan that outlines policies and procedures necessary to achieve and maintain acceptable levels of cleanliness throughout the facility. CDF staff implemented these guidelines for environmental and sanitation abatement.

The DOC maintenance department is responsible for providing services to ensure that the CDF is in good working order. The inspection team found that the maintenance department lacked written standards addressing the timeliness of routine repairs and emergency repair orders. Additionally, according to maintenance department employees, there is no preventive maintenance plan due to a lack of funding.

CDF management has also been advised to adopt recommendations issued by an independent correctional law and operations consultant in an effort to prevent the erroneous release of inmates. These recommendations were brought about by the erroneous release of an inmate who had been charged with four counts of murder and one count of conspiracy to distribute 50 grams or more of cocaine.

Although some progress was made in correcting deficiencies during our evaluation of the CDF, the inspection team remains concerned that court ordered improvements have not been completed as required.

1. Repeated health and safety violations cited at the CDF and the Halfway House by CDF personnel, DCRA and DOC inspectors are not being abated.

The team reviewed health and safety inspection reports issued by CDF and DOH health inspectors as well as a DCRA inspection report (Appendix 3). The reports revealed that each agency cited the same, repeated violations, all of which were rampant in both facilities. Violations included but were not limited to:

- vermin and rodent infestation;
- improper storage of hazardous materials;
- inoperative and mislabeled fire extinguishers;
- food serving utensils stored with hazardous chemicals allowing for potential cross contamination of food;
- unsanitary Conditions in the culinary unit, such as stagnant water on floors, dirty floors, cracked and warped tiles;
- obstruction of aisles and passageways due to improper storage of supplies and inmates personal property;
- inoperative exhaust hoods over the cooking vats;
- broken steam pipes in the culinary unit;
- unsanitary and deteriorated bathrooms and showers in the Halfway House; and
- structural deterioration and inadequate floor space in the Halfway House to accommodate inmates in the day room.

Many of these deficiencies were continually noted on the inspection reports over a two-year period, yet were not abated. CDF management stated that many of these health and safety violations were not abated due to:

- lack of adequate funding;
- lack of follow-up inspections and no enforcement authority on the part of the inspecting agencies;
- failure of DOC and CDF management to review inspection reports; and
- failure of the D/DOC to hold management accountable for the abatement of these deficiencies.

DOH inspectors stated that the court monitor from D.C. Superior Court does not allow follow-up inspections to be conducted for cited deficiencies. According to DOH inspectors, each inspection is conducted as a new, separate inspection and old violations from previous inspections are not reevaluated. The court monitor stated that she considers follow-up inspections to be unnecessary. By not enforcing abatement through follow-up inspections, pre-existing violations are sometimes not corrected.

CDF management is not following written internal housekeeping and maintenance policies and procedures. The warden stated that due to budget cuts, funds were not appropriated for general maintenance of the facilities. The OIG team believes that lack of proper housekeeping, management accountability, routine maintenance and sufficient funding has led to years of deterioration of the CDF and Halfway House.

Recommendation:

That the D/DOC coordinate with DOH to develop and implement follow-up inspections within 30 days of the initial inspection to ensure abatement of cited violations.

Agree _____ Disagree **X (In Part)**

DOC's Response to IG's Finding, as Received:

DOC disagrees with the finding that cited violations are not being abated. In fact, they are typically abated in a timely manner. DOC environmental safety and facility managers walk with outside inspectors, and begin abatement as deficiencies are noted during the inspection. DOC subsequently transmits an abatement plan of action covering outstanding items, usually within 30 days of receipt of written deficiencies.

Due to the age and heavy utilization of DOC facilities, similar categories of deficiencies will be discovered in different places during subsequent inspections (e.g., leaking showers and pipes, cracked walls, missing light bulbs/covers, etc.).

DOC has received funding for several major capital improvement projects that will correct many of the environmental safety and sanitation issues that have been cited (See response to 35 and MAR-1-007). In addition, DOC has a maintenance management system in place (MAXIMO) that tracks completion of repair work orders and will ultimately support the scheduled preventive maintenance required for effective upkeep of the facility's infrastructure. To further ensure that abatement and preventive measures are effective, DOC has outlined detailed procedures for sanitation and safety inspections on a daily, weekly, monthly, quarterly and annual basis in its Environmental Safety and Sanitation (ESS) Manual.

External regulators and inmate advocacy groups have both indicated that overall environmental safety and sanitation conditions at the CDF have improved significantly.

DOC's Response to IG's Recommendation, as Received:

a. DOC disagrees in part with the recommendation. DOC will continue to adhere to DOH/DCRA follow-up requirements outlined in their regulations and inspectional procedures. DOC will use its own 30-day re-inspection guidelines to assure abatement. Re-inspections will be continued until all deficiencies have been abated.

b. DOC agrees with the recommendation. As a matter of policy, managers who do not comply with abatement schedules will be subject to discipline.

2. Deficiencies Cited During the DOH and DCRA Inspections Remain Unabated in Violation of Stipulation.

Pursuant to the Stipulation, CDF management was to arrange for inspections by DCRA and DOH. Upon completion of these inspections, the respective agencies were to provide a report indicating DOC's compliance or non-compliance with applicable building, environment, health and safety codes and regulations. DOC, upon receipt of the inspection report, was to provide an abatement plan which addressed the findings of the inspection report. This abatement plan is to be presented to the Warden, the Court's Special Officer, the CDF Compliance Officer and the DOC Counsel.

The inspection team reviewed an August 9, 2000, inspection report by DOH (Appendix 4). The report documented the following deficiencies:

- plumbing problems, including leaking pipes, low water pressure, inoperative faucets and showerheads;
- missing light bulbs in cells or improper wattage of light bulbs in cells;
- exposed electrical wiring adjacent to shower stalls;
- floors in showers and culinary unit in deplorable condition including broken tiles, holes in floors and accumulated water beneath floor surfaces producing unsanitary conditions and a collection of flies and larvae;
- cell walls with large cracks and crevices, many so large that adjacent cells could be seen through the cracks;
- leaking ceilings and walls;
- poor air quality throughout the facility. Many cells, including the sick call and adjacent treatment rooms had little or no apparent air movement;
- HVAC system covered with dirt, grime and grease; and

- fire extinguishers lacking proper documentation and/or inspection by the Fire Marshal.

A subsequent inspection of DOC facilities by the OIG inspection team on June 6, 2001, found that these deficiencies still existed and were addressed to DOC in an OIG Management Alert Report (Appendix 5). The inspection team reviewed DOH quarterly inspection reports over a one-year period and found that the same deficiencies were cited on each visit and had not been abated.

The team found that DOC's poor housekeeping practices, failure to adhere to its own housekeeping policies and procedures, and a lack of enforcement by supervisors were the root causes of these continued deficiencies. DOC continues to be out of compliance with court-ordered mandates and continues to place both inmate and employee health and safety at risk.

Recommendations:

a. That D/DOC direct the Warden / CDF Compliance Officer and Cellblock Officer(s) in charge to ensure that the deficiencies cited in inspections provided by internal and external agencies are abated.

Agree **X** Disagree _____

b. That D/ DOC direct DOC staff to comply with DOC housekeeping policies and procedures.

Agree **X** Disagree _____

DOC's Response to IG's Finding, as Received:

DOC disagrees with the finding because the overwhelming share of individual deficiencies has routinely been abated. However, based upon the age of the facility and the heavy utilization (e.g., over 14,000 admissions per year), certain classes of deficiencies will continue to

surface throughout the building until major structural renovations funded in the CIP have been completed (e.g., plumbing, electrical, lighting, HVAC, floors, etc.).

The significant progress DOC has made in preventing and abating violations has been recognized by plaintiffs' counsel and the Special Officer of the Court in the case of Campbell v. McGruder, CA 1462-71 and Inmates of D.C. Jail v. Jackson CA 75-1668. These individuals have had a longstanding knowledge of environmental safety and sanitation conditions. Most importantly, on June 24, 2002, the US District Court Judge in the case of Campbell v. McGruder and Inmates of D.C. Jail v. Jackson, granted the DC Department of Corrections' motion to vacate the seventeen-year old population limit at the CDF. The ruling clearly reflects the continuous improvements in conditions at CDF, including a $26 million capital improvement budget to improve air quality; and flooring, masonry, lighting, plumbing and electrical infrastructure. The termination of the population cap, which was unopposed by plaintiffs' attorney, also reflects the collaborative efforts of the plaintiffs' attorneys, Special Officer of the Court, Office of the Corporation Counsel, and DOC to improve environmental safety and sanitation conditions at the CDF.

DOC's Response to IG's Recommendation, as Received:

a. DOC agrees with the recommendation calling for managers to ensure that cited deficiencies are abated. The Deputy Director for Operations, Deputy Wardens, Environmental Safety and Sanitation Managers and Officers, Facilities Management and Maintenance Supervisors, and Cellblock Officer(s) and Supervisors have been charged with this responsibility. As a matter of policy, officials who fail to comply with this directive will be subject to disciplinary action.

b. DOC agrees with the recommendation that staff be required to adhere to DOC housekeeping requirements. This recommendation has been satisfied and is now outdated. As documented, DOC has a comprehensive Environmental Safety And Sanitation Manual in place that requires continuous compliance by CDF staff.

3. <u>Despite numerous studies of the Records Office and recommendations for improvements, its poor handling of inmate records and other information continues to cause significant problems, including premature and delayed release of inmates</u>.

The Records Office is the initial processing point for all inmates. Its primary functions are to receive, review and maintain records from the courts and the District of Columbia Board of Parole relative to sentence computations,[3] intake, release and transfer of prisoners into and out of DOC. The Records Office has a staff of 32 employees, which includes 3 supervisors and 1 Chief. Eight Legal Instruments Examiner[4] (LIE) positions included in recommendations presented to United States District Court Judge Royce Lambert, following the erroneous release of an inmate remain unfilled.

The District of Columbia Office of the Corrections Trustee (Trustee) has conducted studies of the CDF Records Office and found several problems (Appendix 6). The inspection team observed that many of those problems had not been addressed: lack of policies and procedures, lack of formal training, inaccurate and untimely computation of sentences by the LIEs, the lack of security and quality control of inmate files, and errors associated with retrieving and purging information in the automated records Jail and Community Corrections System (JACCS).[5]

The inspection team was informed by the Records Office Administrator that in September 2001, the Records Office shipped more than 30,000 file folders on released inmates to the archives in Suitland, Maryland. According to the Trustee, the inmate files were boxed and shipped without a Records Office inventory to identify which inmate file folders were in the boxes. Without an accurate inventory, it is impossible to determine if the

[3] Sentence computation is the mathematical method of determining an individual's sentence structure. The sentence structure establishes the following types of dates: (a) full term date; (b) maximum supervision date; (c) short term date or mandatory release date; and (d) parole eligibility date.
[4] The Legal Instrument Examiner (LIE) position requires the ability to review legal instruments and supporting documents for completeness of information on new commitments and court returnees to determine if action complies with criminal statutes of the federal and District governments.
[5] JACCS was installed in October 2000.

file folders of inmates still incarcerated at CDF were erroneously retired to the archives.

a. Inaccurate information in the computer system has resulted in inmates being released too early or incarcerated beyond their release dates.

According to CDF employees, JACCS is about 85% operational. When fully operational, JACCS will have the ability to send, receive and electronically store all relevant court and prisoner documents. JACCS will also integrate state-of-the-art technology to electronically track critical events in an inmate's incarceration, such as sentence computation, pay and court dates. In addition, JACCS will provide a fast, reliable, and secure communications system that would be accessible to the Superior Court, U.S. District Court, and local law enforcement agencies.

Prior to 2000, the software system being used by the CDF was called the Criminal Records Information System (CRISYS). The DOC Network Operations Office was responsible for merging inmate information from CRISYS into JACCS. Currently, the Records Office is responsible for inputting inmate information into JACCS. Neither DOC nor CDF management have quality control procedures in place that address the merging or inputting of data into JACCS. The DOC Chief of Network Operations (D/CNO) stated that if incorrect information was in CRISYS, it was transferred into JACCS, which would result in the output of inaccurate inmate information. In response to the inspection team's query whether JACCS could provide accurate figures on how many inmates presently housed at the CDF are being held beyond their release dates, the D/CNO queried JACCS on October 25, 2001, and the system produced a figure of 703 inmates. When the system was queried for the official number of inmates incarcerated, the number provided was 1,496. Both the D/CNO and the CDF Warden questioned the accuracy of the figures because it indicated that 47% of the inmate population, almost half, was incarcerated beyond their release dates. The D/CNO and the CDF Warden stated that they were attempting to address the problem by conducting a cell by cell accounting of individuals that were presently incarcerated and purging the records of individuals that were no longer being held in the facility.

COMPLIANCE AND MONITORING BACKGROUND

Some inmates are sentenced on misdemeanor charges and are eligible for release in as few as 180 days. The failure of the Records Office to accurately input information into JACCS when inmates arrive at the CDF results in inaccurate or no computations of inmate sentences being filed in the inmate's official folder. The Deputy Warden for Programs and the Records Administrator are responsible for the quality and accuracy of data being input to JACCS.

Recommendations:

a. That D/DOC establish policies and procedures to verify the accuracy of data in the JACCS system.

Agree **X** Disagree _____

b. That D/DOC establish policies and procedures to ensure accurate sentence computations are entered into JACCS to ensure that inmates are not held beyond their release dates.

Agree **X** Disagree _____

c. That D/DOC establish quality control policies and procedures for use by the Records Office during quarterly reviews of information in JACCS.

Agree **X (In Part)** Disagree _____

DOC's Response to IG's Finding, as Received:

DOC disagrees in part with the IG's finding because the review of official hard copy documentation in an inmate's file provides the primary basis for making release determinations. Accurate data systems are necessary for reporting and to ensure checks and balances.

The District of Columbia Department of Corrections requested funding over several budget cycles to improve its data systems, records

management operations, and controls. Judge Royce C. Lambert's Interim Order of March 2, 2000 gave further impetus and urgency to this effort.

DOC's first major advance in inmate management control occurred on October 14, 2000, when the Department of Corrections implemented the Jail and Community Corrections System. In February 2001, DOC hired an Industrial Engineer to improve the operational efficiency of the department. The Records Office was the first area targeted for improvement. Initially, a detailed flow diagram of the current business process was documented; the current layout of the office was documented; problems were identified and analyzed; and a complete re-engineering of the office was proposed. The IG team was aware of this process at the time of the inspection, and was provided documents to demonstrate progress to date.

The Records Office physical layout was redesigned; renovation work began on April 15, 2002 and is scheduled to be completed by August 2002. Staff was trained from May 7 to June 28, 2002 using a newly developed 1200-page Operations Manual that depicts standard work procedures for the re-engineered work processes, including new staffing roles and responsibilities and clear-cut procedures. Under the old system, inmate records were processed in batches, and transported from one workstation to another to undergo the next stage of processing. This resulted in lost paperwork, confusion, and increased possibilities for mistakes. The new system has the goal of completely cross-training each worker to do any type of work required, one inmate record at a time. This will significantly reduce not only the cycle time, but it will increase accuracy, control and accountability of staff.

A 30/60/90 day review of all sentence computations will enable the office to catch mistakes at least 30 days before the release of the inmate. The foundation of the new Records Office will be prevention, as opposed to reaction. Finally, the standard operating procedures will be used continuously to guide workers through each type of process. In addition, a much more rigorous system will be in place to control and account for inmate records and J&C Folders.

The standard working procedures define in great detail the actual data needed to populate specific data fields. These procedures will be Records Examiners' blueprint for data input into JACCS. Thus, variation in

data input will be reduced significantly, and accuracy will be greatly enhanced. A data field matrix was also issued, defining areas of organizational responsibility for JACCS data input.

DOC's Response to IG's Recommendation, as Received:

a. DOC agrees with the recommendation, which has been satisfied and is now outdated. DOC has further implemented a series of quality control reports that allow management and staff to assess the completeness and accuracy of data entered into JACCS.

b. DOC agrees with the recommendation, which has been satisfied and is now outdated. JACCS has an accurate routine for calculating misdemeanant sentences. Very detailed policies and procedures governing sentence calculations have been developed to aid staff, and extensive training has been conducted in their application. Moreover, a new feature of the most recent JACCS release will soon be activated, which allows for the use of mandatory fields.

c. DOC agrees in part with the recommendation, which has been satisfied and is now outdated. DOC's quality assurance program provides for more frequent audits (i.e., daily, weekly, and monthly), and thus obviates the need for the quarterly audit cycle recommended by the IG.

b. An internal audit could not locate official files on 100 inmates.

An internal audit conducted in June 2001 by the Records Office indicated that 100 inmates incarcerated at the CDF did not have an official inmate file folder. No inmate at the CDF should be without an official folder. Inmates incarcerated at the CDF without official folders in the Records Office could be serving time beyond their sentences because those folders contain the inmates' charges, demographics, commitment orders, and sentence computations. These files must be maintained in the active file system, which identifies inmates currently incarcerated. An inmate with a hearing and speech disability was erroneously incarcerated for 22 months without an active inmate file folder in the Records Office because his

official folder had been erroneously retired. Inmate file folders are sometimes missing because they are borrowed without being signed out by CDF employees, and because CDF lacks security and quality control procedures to protect inmate records.

Recommendations:

a. That the Deputy Warden for Programs immediately take action to locate or re-create all missing official inmate files.

Agree **X (In Part)** Disagree _____

b. That D/DOC require the Deputy Warden for Programs to develop a means of tracking inmate file folders.

Agree **X** Disagree _____

DOC's Response to IG's Finding, as Received:

DOC agrees in part with this finding. There are several legitimate reasons why an inmate's record may not be immediately available. DOC maintains an official institutional record on each inmate as appropriate. However, in some cases, the CDF may not be the custodian of an official institutional inmate record at a specific period of detention. For example, at any given time, approximately 100 inmates are committed to the CDF only on US Attorney's letters, 50 to 60 are held on Writs, and approximately 50 are incarcerated on a US Marshal's Hold Form 41. Moreover, the CDF had traditionally been the inmate records repository, but as space became a premium, over 60,000 inactive files were being archived to the Washington National Records Center (WNRC) at the time of the inspection. When inmates are re-incarcerated, it takes upwards of seven business days to retrieve the official file from the WNRC. And during the inspection, the FBOP, CSOSA and other authorities had some of DOC's inmate records in their possession for transfer review purposes.

A secured entry into the renovated Records Office, and a series of new records tracking procedures will ensure even greater control of records in the future.

DOC's Response to IG's Recommendation, as Received:

a. DOC agrees in part with the recommendation, and is currently in compliance.

b. DOC agrees with the recommendation that the Deputy Warden for Programs develop a means of tracking inmate records. An effective means for tracking the location of inmate records has been developed. Thus, this recommendation has been satisfied.

c. The Records Office will have three main areas of responsibility in regards to all records contained within the office: 1) Active inmate records, 2) Active J&C Folders, and 3) Inactive inmate records/J&C Folders. Each area will have a defined person or group of people assigned to maintain the organization and completeness of their respective files. Also, an effective method for retiring inactive inmate records has been implemented and will continue to be improved to ensure timeliness and accuracy. In addition, a computer database has been created that tracks which inmate records have been retired to Suitland, and contains information on the box number, accession number, and location. Finally, a computerized work tracking system has been created and will be used on a daily basis in the Records Office to track the status of all active inmate records being processed at any given time.

c. CDF management has intentionally assigned unqualified employees to the Records Office.

According to the Records Administrator, unqualified employees have been purposely assigned to the Records Office and have adversely affected the quality of services provided by the Office. These individuals were assigned without consideration being given to their skills or abilities. In some cases, employees were assigned to the Records Office to satisfy management-employee disputes, court orders, and complaints of discrimination. In one instance, an employee was reassigned to the Records

Office following a physical altercation with her supervisor. In another case, according to the Deputy Warden for Programs, the D.C. Office of Personnel placed an employee in the Records Office in the position of lead LIE as a result of the employee's inclusion as a member of a class action lawsuit. However, the employee was unable to perform rudimentary sentence computations as required by the position description.

Recommendation:

That D/DOC direct the development and implementation of written policies regarding the skills requirements and abilities of all employees assigned to the Records Office and ensures that unqualified individuals are not assigned to that office.

Agree _____ Disagree **X (In Compliance)**

DOC's Response to IG's Finding, as Received:

DOC has position descriptions for each employee that was certified by the District of Columbia Office Personnel (DCOP) in accordance with the District of Columbia Personnel Manual (DPM) Chapter 8. DOC has not placed unqualified employees within the Records Office. All assigned staff were judged qualified by DCOP prior to their being offered the position.

DOC's Response to IG's Recommendation, as Received:

DOC disagrees with the recommendation. In accordance with DPM Chapter 11A "Classification", Section 1.15 (c) (3), Subsection C. (3), skill requirements of Records Office positions are being redefined in conjunction with DOC's business process re-engineering project in this area. In addition, to ensure continued skill and professional development, ongoing training is being provided.

OIG Comments: ***Action planned and taken by DOC should adequately address the condition noted.***

d. Eight Legal Instruments Examiner (LIE) positions critical to effective inmate processing remain unfulfilled.

The position of a LIE requires the knowledge and ability to review legal documents in order to determine if a requested action complies with criminal statutes of the federal and District governments. The LIE position requires the application of specific regulatory and procedural knowledge that is based on law. Duties of the position include: (1) reviewing legal instruments and supporting documents for completeness of information on new commitments and court returnees to ensure that they are processed accurately, efficiently, and as expeditiously as possible; (2) obtaining additional data or information to reconcile discrepancies; and (3) determining whether the action sought by the judicial court system submitting the instrument corresponds with governing regulations and procedures. The Trustee recommended filling eight LIE positions to U.S. District Court Judge Royce Lambert in direct response to the February 28, 2000, erroneous release of an inmate.

Recommendation:

That D/DOC complies with Trustee recommendation R-22 to U.S. District Judge Royce Lambert, which states: "Grade enhancements – place high performing staff in lead LIE and supervisory positions."

Agree **X (In Part)** Disagree _____

DOC's Response to IG's Finding, as Received:

The required staffing is not definite at this time due to the re-engineering of the workflow and office environment. However, a computerized work tracking system will allow DOC to measure the accurate number of man-hours required to process current workload requirements. This will give DOC the data needed to propose accurate staffing levels in the future.

DOC's Response to IG's Recommendation, as Received:

DOC agrees in part with the recommendation, and has made significant progress towards its implementation. As the IG team was informed during the inspection, the position reclassifications and the levels of accountability engineered into the system will allow DOC to recommend grade enhancements where warranted in accordance DPM Chapter 11A. This will ensure that qualified, accountable and high performing staff encumber positions, including lead LIE and supervisory positions.

e. Almost half of the recommendations in the Trustee's report on the erroneous release of an inmate and addressed by DOC in its Records Office Plan in August 2000 have not been implemented.

On March 2, 2000, U.S. District Court Judge Royce C. Lamberth ordered the CDF Warden to Show Cause for why defendant Oscar Veal, Jr. was released in violation of the Court's order. Following Veal's erroneous release, the Trustee responded to the Court with 25 recommendations to show the Court that DOC would take steps to solve the problems in the Records Office (Appendix 6). Thirteen of the recommendations have been implemented (Appendix 7). The Records Administrator and the Deputy Warden for Programs are responsible for implementing the remaining 12 recommendations, summarized in the following chart.

Recommendation Number	Recommendation	Status
R-1	Prepare and publish Records Office Manual	Cancelled[6]
R-2	Implement Records Office Training Plan	Incomplete
R-10	Consider delay in release orders from Superior Court in cases being transferred to U.S. District Court.	DOC lacks jurisdiction
R-15	Devote resources to correct additional Record Office problems in recommendations 1,2 and 3.	Incomplete
R-16	Additional resources	Incomplete

[6] Prepare and publish Records Office Manual: Status: Although completed, manual is not being used because it is outdated by the implementation of JACCS.

Recommendation Number	Recommendation	Status
	(equipment/space/furniture) Jail Records Office	
R-17	Shift Rotation every four hours	Discarded[7]
R-18	Conduct desk audits, workflow and staffing of Records Office.	Incomplete
R-19	Record Office employee absenteeism curbed and corrective action taken	Incomplete
R-20	Staff accountability for work product	Incomplete
R-21	DCDC must find the resources to resolve the file retirement crisis.	Incomplete
R-22	Grade enhancements – place high performing staff in lead LIE and supervisory positions.	Incomplete
R-23	Construction of additional entrance and work area for Case Managers	Incomplete

Recommendation:

That D/DOC comply with all outstanding Trustee recommendations submitted to U.S. District Court Judge Royce Lambert in the Trustee's report on the release of Oscar Veal, Jr.

Agree **X** Disagree _____

DOC's Response to IG's Finding, as Received:

The following comments address the 12 recommendations listed in the judge's order, which were developed by an outside consultant retained by the Trustee for Court Services and Offenders Supervision (e.g., Shaw Report). The re-engineering effort to create a new Records Office addresses each of these issues and even goes beyond the judicial mandate.

[7] Shift Rotation every four hours: Status: Discarded. Records Administrator decided it was better to provide on the job training instead of rotating shifts every four hours. There was a lack of supervisory personnel to provide guidance and assistance during a four-hour shift.

COMPLIANCE AND MONITORING BACKGROUND

R-1, 2: Detailed and comprehensive standard working procedures have been created and were used in a 2-month long training session. This manual will be available for every LIE in the new Records Office and will dictate the standard by which all work is performed.

R-10: All commitments are currently processed prior to any releases.

R-15, 16: The re-engineering project includes not only a facility renovation, but also new equipment, work stations, chairs, lighting and other office furniture.

R-17: Shift rotation every four hours as recommended is no longer an issue due to the reorganization of the workflow. In place of the set work posts that existed under the old system, the new system will allow all Examiners to work on every type of procedure (intakes, transfers, releases), allowing more efficient management of staff and resources.

R-18: Workflow, people flow, and information flow analyses have already been conducted as part of the re-engineering effort, and new staffing requirements will soon be available as a result of the data captured.

R-19: The DOC Director has challenged all departments to reduce absenteeism, and is planning to implement an effective time and attendance system that will discourage abuse.

R-20: Under the new system, each Examiner will process one inmate record at a time to completion and will be totally responsible for that record. The computerized work tracking system will also record the date and time the transaction was performed and the employee who executed it.

R-21: The new record retirement process ensures that all records on released inmates are kept in the Records

Office for at least 90 days, before being retired to the Federal Records Center in Suitland, Maryland. Procedures outline which records need to be retired at which particular month using color codes and labels. The database shows the status of each retired record.

R-22: The new position reclassifications will place only qualified and high performing individuals in all LIE and supervisory positions.

R-23: The new Records Office layout design includes a 2-layered secured entryway to prevent unauthorized personnel from entering the office. A work area for case managers has also been created within the confines of the new layout. This will secure the room and limit traffic.

DOC's Response to IG's Recommendation, as Received:

DOC agrees with the recommendation, and full implementation of these initiatives is nearing completion.

f. The Records Office has no written policies and procedures.

No written policies or procedures for the Records Office were made available during our inspection. In October 2001, the Deputy Warden for Programs stated that operating procedures were being drafted. The Trustee and D/OICCA also reported in their respective reports that there was a lack of written policies and procedures in the Records Office (Appendix 7).

Recommendation:

That the Deputy Warden for Programs, develop and implement written policies and procedures for the Records Office.

Agree _____ Disagree **X (In Compliance)**

DOC's Response to IG's Finding, as Received:

DOC has always had written policies and procedures in place. The IG inspection team was presented with several policy manuals for current Records Office activities. Also they were aware of the new procedures being developed to guide LIE's in the processing of inmate records. The latter procedural manual and user training have been completed.

In addition, Program Statements remain in place to dictate higher levels of accountability to policies pertaining to the Records Office. Some of the Program Statements in place at the time of the inspection governed Judgment and Commitment Folders, Sentence Computations, Sentencing Reform Rules, Parole Regulations for DC Code Offenders, the Records Technical Reference Manual, Consent to Release of Information, DCDC Notification Procedures, Customer Service, Retention and Disposal of Records, Inmate Record, Good Time Credits Act, Credit for Time Spent in Custody, Computations for Parole Violators, Sentence Expiration Procedures for Inmates Confined in St. Elizabeth's, Transfers and Release of Inmates, and related procedures such as those for inmates being released or participating in community programs, designations and transfers, etc. In addition, the office had other operational procedures in place to further assist staff in performing their duties Most of these policies and procedures were developed and updated between 2000-2001 by Records staff in conjunction with the Office of the Corrections Trustee.

DOC's Response to IG's Recommendation, as Received:

DOC disagrees with the recommendation because written policies and procedures were in place at the time of the inspection. Thus, DOC requests that this recommendation be removed from the inspection report.

OIG Comments: ***At the time of the OIG inspection, operating procedures were being drafted and had not been finalized. The action taken by DOC, however, should adequately address the condition noted.***

COMPLIANCE AND MONITORING BACKGROUND

Findings and Recommendations:

HEALTH AND SAFETY

HEALTH AND SAFETY

Background

Health and Safety have been major concerns at the CDF for the past two years. The D.C. Superior Court has ordered numerous inspections that were conducted by various agencies such as the DOH, the National Institute of Occupational Safety and Health (NIOSH), the D.C. Occupational Safety and Health (OSH) office, and the DCRA. These agencies have cited the CDF repeatedly over the past two years for deficiencies such as poor air quality, poor maintenance and housekeeping, unsanitary conditions, and deteriorating buildings. The inspection team found that these conditions still exist and that deficiencies are unabated.

There are no provisions for follow-up inspections to be conducted by the aforementioned agencies, and there have been no fines or deficiencies imposed by the D.C. Superior Court or DOH for repeated and unabated violations. Poor health and safety conditions at the CDF were cited by this inspection team in a June 20, 2001, Management Alert Report (Appendix 5). Currently, $25 million has been allotted for renovations within the CDF in areas that include the heating, ventilation and air conditioning system (HVAC), the culinary unit, the laundry unit and the cellblocks. Renovation of the HVAC and the culinary floor is in progress.

In conjunction with the CDF inspection, the team inspected the environmental, health and safety conditions of the Community Correctional Center Number 4 (Halfway House). This Halfway House, which is managed and overseen by DOC, has also been cited by the aforementioned agencies for environmental, health, safety and building code violations. The Halfway House requires renovations to repair items such as holes and cracks in the walls, sinks dislodged from walls, missing and broken floor and ceiling tiles, and broken windows. The Halfway House also lacked adequate surveillance equipment for monitoring inmates.

4. <u>The medical staff does not always respond in a timely manner to inmates' medical needs</u>.

The corrections staff complained that it frequently takes up to 6 days for sick inmates to see a doctor because the medical staff does not always take inmates' complaints seriously. They stated that the number of long-term illnesses could be reduced if inmates could see a doctor in a timely manner. The Administrator for Medical Services stated that inmates experience difficulties when they do not follow the instructions contained in the pamphlets provided them during the intake process regarding the proper steps to take when they become ill.

The inspection team observed the medical intake process on three separate occasions, but did not witness the distribution of medical literature. It is our belief that some inmates and correctional officers do not know what to do when inmates become ill.

Recommendation:

That during the intake process, inmates receive both oral and written instruction on how to avoid delays in receiving medical attention.

Agree **X** Disagree _____

DOC's Response to IG's Finding, as Received:

DOC cannot adequately respond to the IG team's comment that staff and inmates do not know how to access medical care. No specifics were provided to support this assertion. Policies and procedures have long been in place which instruct staff on how to contact medical services when care is needed. This information is included in each Post Order that correctional staff are required to acknowledge having read and understood prior to accepting the post.

Moreover, DOC has a standard of health care for inmates that is higher than the national standard for correctional facilities and, in fact, is commensurate with District of Columbia community standards for health care.

HEALTH AND SAFETY

Inmates have a number of methods for accessing health services. Nursing Sick Call is conducted daily in each housing unit. Inmates request Sick Call by completing the Sick Call Request Form and placing it in the Sick Call box in each housing unit. In addition, Officers may request that an inmate be seen if the need appears warranted, even though the inmate may not have submitted a Sick Call Request Form. Officers also contact the nursing station, which is staffed around the clock, if they have concerns about an inmate's medical condition. The Charge Nurse speaks with the inmate by telephone and triages the inmate to determine if the inmate needs to be brought to Urgent Care or seen at the next Sick Call.

The volume of referrals from the nurse and the number of patients with chronic illnesses who need to be seen determines the frequency of sick call that is held in each Housing Unit. For example, a physician or physician assistant sick call is held daily in the intake housing units. Some housing units have physician or physician assistant sick call scheduled 2-3 times per week. The physician or physician assistant also schedules patients based on the severity of their problem and prioritizes accordingly. For example, a patient with abdominal pain would be seen sooner than a patient with a small rash that has been present for three months.

During new inmate orientation, all inmates receive an orientation guide that describes CDF inmate procedures, including how to access medical services. The English version of the Inmate Medical Services Handbook was replenished in June 2001, when the supply was briefly depleted. The intake physician and nurse individually continued to inform English-speaking inmates on medical care access during the intake examination.

During the inspection, the Spanish version of the Inmate Medical Services Handbook was available and was being distributed. In addition, based upon literacy needs, a bilingual medical technician regularly conducts medical access orientation sessions for Hispanic inmates.

Medical Services has a consultant physician who reviews clinical care every three months, including access issues. And with few exceptions, the consultant has found no major access issues. In addition, the medical and mental health services at the Central Detention Facility received accreditation from the National Commission on Correctional

Health Care in October 2001. All standards and practices related to access were met and found in complete compliance.

DOC's Response to IG's Recommendation, as Received:

DOC agrees with the recommendation, and replenished the supply of handbooks prior to the completion of the inspection. Thus, DOC requests that this recommendation be removed from the inspection report. Procedures for verbally informing the inmates and providing written instruction were already in place prior to the IG's inspection.

5. <u>The food service contractor does not properly prepare prescribed dietetic meals</u>.

According to the medical staff, therapeutic diet meals prescribed for inmates are frequently late, ignored and replaced with substitute foods by the food service contractor, thus altering nutritional content of diets prescribed by the ordering physician.

One inmate stated in a complaint to the medical staff:

> **I received my diet bag from the unit officer. The sandwich consisted of plain cheese, a hot skim milk and a rotten orange. First off I am a diabetic, and not supposed to eat cheese. This is the third time in as many days this has happened. I want to be given my proper medical diet.**

When inmates receive food substitutes to their prescribed diets without medical approval, the potential for a negative physical reaction is high. According to the medical staff, meal substitutions should be avoided and should be made only after receiving prior medical approval.

Recommendation:

That D/DOC and the contracting officer direct the food services contractor to comply with the terms of its contract as it relates to special meal requirements.

Agree _____ Disagree **X (In Compliance)**

DOC's Response to IG's Finding, as Received:

DOC disagrees with the finding because it is based on inaccurate information. Follow-up discussions with contract medical staff and DOC Monitors contradicted the finding that therapeutic diet meals are frequently late and ignored.

DOC has its own Contract Monitors present at meals to ensure compliance with prescribed menus, and to cite and hold the contractor responsible for both providing meals as listed in the menu and taking corrective actions when needed. A contractor-provided dietician ensures that Medical diets are being filled properly. The contractor is required to consult with the dietician when meal substitutions must be made.

DOC's Response to IG's Recommendation, as Received:

DOC disagrees with the recommendation because DOC is in compliance and performs monitoring to ensure that the food service contract complies with special meal requirements. Thus, DOC requests that the finding and recommendation be removed from the inspection report.

OIG Comments: ***The finding and recommendation is based on the condition at the time of the inspection. Action taken by DOC, however, should adequately address the condition noted.***

6. CDF management does not ensure that after being transferred, sick inmates receive meals that meet their medically required diets.

Several inmates who have been transferred from one cellblock to another stated that they are not receiving prescribed diabetic and medically required meals. According to the medical staff, inmates who have experienced an interruption in their prescribed diets may suffer detrimental medical consequences. This problem of not providing these prescribed meals appears to be ongoing. In Maryland, traffic correctional officers are responsible for inputting transfer information into the tracking system so as to avoid interrupting dietary meal deliveries. CDF management lacks a system to track the movement of inmates and ensure that they receive their prescribed meal requirements.

Recommendation:

That D/DOC require the Warden to implement a system that provides and maintains current information regarding assignments of inmates with special dietary requirements.

Agree **X** Disagree _____

DOC's Response to IG's Finding, as Received:

The DOC has improved its system for providing the Culinary Unit staff with current inmate locations. The facility movement census is sent to the Culinary Unit twice daily based upon the respective 8 p.m. and 2 p.m. counts to ensure that special diet meals are provided to inmates at their new cell assignment when they have been moved. Unit Officers have always had the ability to notify the Culinary directly when an inmate was received in the unit and required a special diet. In addition, the Contract Monitor is on site during most meal servings and assists in ensuring that inmates who have been moved receive their special diets.

DOC's Response to IG's Recommendation, as Received:

DOC agrees with the recommendation, which has been satisfied and is now outdated. The required inmate location system is in place for use by the Culinary Unit.

7. <u>The lack of mandatory testing for HIV/AIDS and other infectious diseases puts inmate population at risk</u>.

The Medical Administrator stated that unless there are clinical indicators present during medical intake screening, or unless an inmate consents, they are prohibited from testing inmates for Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS), or other infectious diseases. Mandatory testing would also safeguard against potential lawsuits against the District for failure to protect inmates from a known danger.

The Assistant Warden at the Maryland Department of Public Safety and Correctional Services stated that prior to mandatory testing, all inmates are required to sign a Maryland Department of Corrections Informed Consent and Agreement for HIV Testing. The Assistant Warden stated that this testing gives everyone "peace of mind" and allows inmates who might have the virus or other infectious diseases to receive treatment. If the CDF had a similar approval form or regulation to authorize mandatory testing, management could immediately begin to protect the entire population.

Recommendation:

That D/DOC explore the legal and regulatory possibilities for mandatory testing of all inmates for HIV/AIDS and other infectious diseases.

Agree _____ Disagree **X**

DOC's Response to IG's Finding, as Received:

There are very few correctional facilities and systems in the United States that mandate HIV testing. Issues such as confidentiality, basic patient rights and others have discouraged systems from implementing such a program. Even the Federal Bureau of Prisons does not perform mandatory HIV testing. The Joint Commission on Accreditation of Healthcare Organizations has developed a policy on HIV testing, recommending that patients be tested upon release, but the Commission has not yet implemented this policy. Finally, District law prohibits HIV testing without the patient's permission.

Access to HIV counseling and testing has been significantly enhanced during the past four years. The Intake Encounter Form has been revised.

In addition to the physician and nurse questioning patients about the presence of acute problems or chronic diseases, including HIV/AIDS, the patients are asked if they wish to be tested for HIV. If so, they are referred to an HIV Counselor. Patients can requests HIV counseling and testing directly using the Sick Call Form. In addition, medical providers refer patients to the HIV Counselor and Tester. The Central Detention Facility has an HIV/AIDS Health Educator from the HIV/AIDS Administration of DC DOH and through a grant with Family Services. This latter agency and a community-based organization also provide counseling and testing services.

At intake, all patients are screened for Syphilis, using one of the community/industry-accepted screening tests. This screening test is the Rapid Plasma Reagin. If positive, a secondary confirmatory test, the Fluorescent Treponemal Antibody, is performed. If the results of the confirmatory test are positive, the patient is treated appropriately. If the patient has been released prior to the final reports, this information is transmitted to the Bureau of Sexually Transmitted Diseases of the DC Department of Health for follow-up. In fact, District and national law requires that the laboratory conducting these tests must also report positive results directly to this agency, so they can perform their investigations to ensure treatment of patients and their contacts.

Some jurisdictions do indeed screen all patients for gonorrhea and chlamydia. A study conducted in 1997 by the former Receiver for Medical and Mental Health Services for the Central Detention Facility found prevalence rates were low for intake patients. Based upon accepted public health diagnostic methodologies for communicable diseases, the screening of all male patients for gonorrhea and chlamydia was not recommended. However, after intake processing, female inmates scheduled for the Gynecology clinic are routinely screened for gonorrhea and chlamydia in conjunction with a PAP smear test.

DOC's Response to IG's Recommendation, as Received:

DOC disagrees with the recommendation because of legal restrictions and it is not considered standard industry practice. Thus, DOC requests that this recommendation be removed from the inspection report.

OIG Comments: ***Action planned and taken by DOC should adequately address the condition noted.***

8. <u>CDF management had not complied with federal law and Building Officials and Code Administrators International, Inc. (BOCA) National Fire Prevention Code[8] regulations requiring that portable fire extinguishers be readily accessible to employees</u>.

29 CFR § 1910.157 (c) (4) (2001) states that **"[t]he employer shall assure that portable fire extinguishers are maintained in a fully charged and operable condition and kept in their designated places at all times except during use."**

29 CFR § 1910.157 (e) (1) (2001) states that **"[t]he employer shall be responsible for the inspection, maintenance and testing of all portable fire extinguishers in the workplace."**

The BOCA National Fire and Prevention Code (1999) Chapter 5 §§ F-519.2 (1) and (4) states that **"[a] portable fire extinguisher shall be**

[8] The BOCA National Fire Prevention Code outlines national standards for fire safety in new and existing buildings.

installed . . . [specifically], **[i]n all areas containing commercial kitchen exhaust hood systems, and [i]n all areas where a *flammable* or *combustible liquid* is used in the operation of spraying, coating or dipping."**

The inspection team observed expired fire extinguishers in the warehouse, penthouse and culinary unit areas of the CDF. The extinguishers had not been inspected or recharged since December 1998.

The inspection team also noticed that the extinguishers were not labeled as required to identify their class or type. Items stored in the warehouse such as drums of cleaning solvents and lubricants, bulk paper, boxes, electrical fans, and other miscellaneous materials, require that fully charged Class C[9] or D[10] fire extinguishers are readily available for use. In the event of an emergency involving these materials, employees may attempt to put out a fire with a discharged fire extinguisher or one that is the wrong type for the particular hazardous material that is burning.

The IG addressed this issue in a June 8, 2001, MAR to D/DOC (Appendix 5). D/DOC responded to the IG that the fire extinguishers have been labeled with the appropriate class type, and all non-working extinguishers have been removed from the premises. D/DOC further noted in the MAR response that the Fire Protection Specialist assigned to the CDF would conduct fire and safety inspections each month.

[9] Class C fire extinguishers are used to extinguish materials such as paper, grease, and electrical items.
[10] Class D fire extinguishers are used to extinguish materials such as paper, grease, and metal items.

Recommendation:

That the D/DOC ensure that: (1) CDF management always complies with 29 CFR § 1910.157 (c) (4) (2001), 29 CFR § 1910.157 (e) (1) (2001), and the BOCA code; (2) fire extinguishers are labeled, charged and of the appropriate class, and (3) all non-working and extraneous extinguishers are discarded.

Agree _____ Disagree **X (In Compliance)**

DOC's Response to IG's Finding, as Received:

During the course of the IG inspection, new inspection tags were placed on each extinguisher that was in service. Obsolete/inoperative extinguishers that were being stored in the penthouse and warehouse pending disposal were removed from the facility.

With Lorton's imminent closure, the agency Fire Marshal was transferred from Lorton to the CDF in May 2001. This staff member now concentrates on inspections, abatement and technical assistance at the CDF and CCC 4. The August 27, 2001 D.C. Fire and Emergency Medical Services Department Report did not cite any mislabeled fire extinguishers. The six fire (6) extinguishers cited by the DCFEMS as needing tagging, mounting or service have either been serviced or replaced. Regular inspection as well as abatement of such matters are tracked by the DOC Fire Safety Inspector.

DOC's Response to IG's Recommendation, as Received:

DOC disagrees with the recommendation, because compliance was achieved prior to the completion of the inspection. Thus, DOC requests that this recommendation be removed from the inspection report.

OIG Comments: ***Action planned and taken by DOC should adequately address the condition noted.***

9. <u>CDF management had not complied with federal law and BOCA National Fire and Prevention Codes regarding the storage of hazardous materials</u>.

29 CFR §1910.176 (c) (2001) *Housekeeping* states that **"[s]torage areas shall be kept free from accumulation of materials that constitute hazards from tripping and fire explosion . . . ."**

29 CFR §1910.176 (b) (2001) *Secure Storage* states that **"[secure] storage of material shall not create a hazard. Bags, containers, bundles etc., stored in tiers shall be stacked, blocked, interlocked and limited in height so that they are stable and secure against sliding or collapse."**

29 CFR §1910.106 (d) (5) (vi) (a) (2001) states that **"[i]f the storage building is located 50 feet or less from a building or line of adjoining property that may be built upon, the exposing wall shall be a blank wall having a fire-resistant rating of at least two hours."**

29 CFR §1910.1200 (f) (1) (2001) states that **"[t] he chemical manufacturer, importer, or distributor shall ensure that each container of hazardous chemicals . . . is labeled, tagged or marked with the [identity of the hazardous chemical(s)]."**

29 CFR §1910.22(a) (2) (2001) *Housekeeping* states that **"[t] he floor in every workroom shall be maintained . . . so far as possible in a dry condition**
. . . ."

The BOCA National Fire and Prevention Code Chapter 23 § F-23091.3 *(cabinets)* states that **"[h]*azardous materials* shall be located in storage cabinets. Materials that are incompatible shall not be stored within the same cabinet** (emphasis in original)**."**

Hazardous chemicals such as cleaning solvents and lubricants were being stored improperly in the warehouse area. Several storage drums containing these chemicals were leaking and chemicals had spilled onto the floor. The inspection team found several areas where electrical wires were

hanging from the ceiling and touching the floor. The wires could potentially get wet from the leaking chemicals and create a fire hazard. Leaking chemicals also pose a safety hazard to employees working in the area who could slip and fall on the wet floor. (Photos 1 and 2, Appendix 11).

Storage drums and containers of hazardous chemicals being stored in the warehouse and storage areas within the culinary unit were not labeled to identify the contents as required by Federal law. (Photo 2, Appendix 11).

Because some of the drums containing chemicals were not labeled, the team was unable to determine if incompatible materials were being stored separately as required by BOCA regulations. Hazardous chemicals should be stored separately in fireproof cabinets.

The inspection team also noted that a fire-resistant partition did not separate various chemicals as required by federal law. Fire resistant walls are used to segregate chemicals that are incompatible with one another, and also aid in retarding the spread of fire.

The IG addressed this issue in the June 8, 2001, MAR to D/DOC (Appendix 5). D/DOC's response to the IG included illustrations showing that the warehouse had been cleaned and all items have been neatly stacked on the shelves. D/DOC also noted in the MAR response that an area has been selected for the installation of a fire retardant wall on or before July 31, 2001, and included an illustration showing that, since our inspection, a flame retardant cabinet has been placed in the warehouse to store incompatible, hazardous chemicals. D/DOC further noted that the leaking chemical spills on the floors have been removed by a chemical absorbent and all drums containing chemicals have been labeled. Drums containing diluted chemicals will be transported to the housing units and relabeled with the product name, health hazards and appropriate first aid information.

Recommendations:

a. That D/DOC and CDF management requests inspections of the CDF by the District of Columbia Office of Occupational Safety and Health (D.C. OSH) and the District of Columbia Fire and Emergency Medical Services Department.

Agree **X** Disagree _____

b. That D/DOC and CDF management install fireproof cabinets for the storage of incompatible hazardous chemicals as required by the BOCA National Fire and Prevention Code.

Agree _____ Disagree **X (In Compliance)**

c. That D/DOC and CDF management install a fireproof wall having a fire-resistance rating of at least two hours as required by 29 CFR §1910.106 (d) (5) (vi) (a) (2001).

Agree _____ Disagree **X (Not recommended by the DCFEMS)**

d. That D/DOC and CDF management ensure that all drums and containers containing hazardous chemicals are properly labeled and separated as required by 29 CFR §1910.1200 (f) (1) (2001).

Agree _____ Disagree **X (In Compliance)**

e. That D/DOC and CDF management clean and remove spilled chemicals from the warehouse floor area.

Agree _____ Disagree **X (In Compliance)**

f. That D/DOC and CDF management stack, secure and properly seal all materials up and away from the light fixtures and passageways.

Agree **X** Disagree _____

DOC's Response to IG's Finding, as Received:

DOC is in full compliance with federal law and the BOCA National Fire and Prevention Code regarding the storage of hazardous materials. On August 7, 2002, the DCFEMS conducted a four-day inspection of the facility and concluded that the recommended firewall was not necessary, and that storage of hazardous material in fireproof cabinets would be sufficient.

DOC's Response to IG's Recommendation, as Received:

a. DOC agrees with the recommendation, which has been satisfied and is now outdated. Inspections were conducted by DC OSH and the DCFEMS on August 1 and 7, 2001 respectively. Both reports found that DOC was in compliance with safety requirements.

b. DOC disagrees with the recommendation because the cabinet was installed prior to the completion of the inspection and the Ringmaster chemical was stored in the cabinet as noted in the DOC's MAR response. Thus, DOC requests that this recommendation be removed from the inspection report.

c. DOC disagrees with the recommendation because DCFEMS advised DOC that it did not need to install a firewall. Accordingly, DCFEMS did not cite the need for a firewall in their report. Thus, DOC requests that this recommendation be removed from the inspection report

d. DOC disagrees with the recommendation because compliance was achieved prior to completion of the inspection. Thus, DOC requests that this recommendation be removed from the inspection report. DOC has disposed of all 50-gallon

containers previously located in the warehouse, and now purchases supplies in smaller container sizes. All containers are properly labeled and separated. The only product purchased in large containers is laundry detergent, which is stored in the laundry room.

e. DOC disagrees with the recommendation because compliance was achieved prior to completion of the inspection. Thus, DOC requests that this recommendation be removed from the inspection report. As noted in this inspection, DOC previously provided documentation to the IG stating that "the chemical spills on the floors have been removed by a chemical absorbent and all drums containing chemicals have been labeled."

f. DOC agrees with the recommendation. During the inspection, DOC stacked all items at least 18" from the ceiling and 6" away from the walls. Thus, passageways and light fixtures were no longer obstructed as the IG noted based upon the MAR June 2001 response.

Moreover, to assure ongoing compliance, DOC has contracted for a warehouse facility that should be fully operational by the end of July 2002, and supplies will be stored at this location. Thus, DOC requests that this recommendation be removed from the inspection report.

OIG Comments: ***Action taken by DOC should adequately address the condition noted.***

10. <u>The CDF does not have a written hazardous communication program plan as required by federal law</u>.

29 CFR §1910.1200 (e) (1) (2001) *Written hazard communication* program states that **"[e]mployers shall develop, implement and maintain at each work place, a written hazardous communication program . . . ."**

The inspection team determined that the CDF lacks a written communication program for employees working with and in the proximity of hazardous chemicals. This program should include container labeling,

material safety data sheets (MSDS),[11] employee training and information, and an inventory list of hazardous chemicals. In addition, the federal Occupational Safety and Health Administration (OSHA) mandates that employers conduct hazardous communication training for all employees. CDF employees stated that they have not received any training in the proper handling of hazardous materials. The inspection team asked CDF employees if there was a written plan that could be reviewed. They stated that there was no written plan in place.

The IG addressed this issue in the June 8, 2001, MAR to D/DOC (Appendix 5). D/DOC's response to the IG included a document entitled *Program Statement for Hazardous Chemicals Number 2920.3A* for the Department of Corrections. D/DOC stated that an agency plan has been developed and is now in the review stage. Additionally, the response stated that safety training for DOC was to be conducted at a roll-call on July 26-31, 2001 .

Recommendation:

That D/DOC and CDF management complete and implement a written hazardous communication program as required by 29 CFR §1910.1200 (e) (1) (2001).

Agree _____ Disagree **X (In Compliance)**

DOC's Response to IG's Finding, as Received:

DOC disagrees with this finding because Department Order 2920.3, dated March 8, 1993, titled Hazardous Chemicals, was in effect at the time of the inspection. A revised Program Statement has been developed due to the Lorton Correctional Complex closure and is in the final stages of review.

Environmental Safety and Sanitation training has been implemented for all employees. To date, over 300 employees at the CDF have been trained. The training includes approved chemicals for the facility,

[11] Material safety data sheets contain information regarding hazardous materials.

directions on their purpose and use, and an overview of emergency procedures and use of Material Safety Data Sheets (MSDS). As noted in DOC's response to the MAR, MSDS sheets have been placed in every area where chemicals are used and/or stored, (i.e., culinary, warehouse, chemical distribution room, laundry and all housing units).

DOC's Response to IG's Recommendation, as Received:

DOC disagrees with the recommendation because DOC was in compliance at the time of the inspection. Thus, DOC requests that the finding and recommendation be removed from the inspection report.

OIG Comments: ***Action planned and taken by DOC should adequately address the condition noted.***

11. <u>MSDS were not readily available for review and there were no data sheets in the workplace for *each* hazardous chemical as required by federal law</u>.

29 CFR §1910.1200 (g) (11) (2001) *Material safety data sheets* states that **"[m]aterial safety data sheets shall [] be made readily available [] upon requests . . . ."**

29 CFR §1910.1200 (g) (1) *Material safety data sheets* states that **"[e]mployers shall have a material safety data sheet in the workplace for each hazardous chemical which they use."**

The MSDS were not readily accessible for the IG inspection team's review. When the team asked to review the sheets, CDF employees stated that the MSDS were located in a staff member's office. The team did not receive the sheets during the inspection. OSHA requires that the employer provide copies of the data sheets and that all copies are readily accessible for review upon requests. The MSDS are to be in the same location as the chemicals. The inspection team also noted that the CDF did not have MSDS for each hazardous chemical that was stored in the warehouse area as required by law.

The IG addressed this issue in the June 8, 2001, MAR to D/DOC (Appendix 5). D/DOC's response to the IG included illustrations showing that the MSDS are now readily accessible in the warehouse and chemical room areas. D/DOC additionally stated in the MAR response that MSDS sheets have been placed in the Control Module and storage room of each housing unit and in two locations in the culinary unit; however, the MSDS for the chemical pesticides will be maintained by the pesticide officer.

Recommendations:

a. That D/DOC and CDF management ensure that the MSDS are always readily accessible for review as required by 29 CFR §1910.1200 (g) (1) (2001).

Agree _____ Disagree **X (In-Compliance)**

b. That D/DOC and CDF management ensure that a Material Safety Data Sheet is completed for each hazardous chemical stored in the facility as required by 29 CFR §1910.1200 (g) (1) (2001).

Agree _____ Disagree **X**

DOC's Response to IG's Finding, as Received:

During the inspection, MSDS sheets were in place as required for nineteen (19) chemicals. Only one chemical that had been transferred from Lorton did not have the MSDS. The manufacturer was immediately contacted and the MSDS was put in place. Just as the IG reported, this matter was abated prior to completion of the inspection.

MSDS Sheets are provided to all areas where chemicals are stored. They have also been placed in the culinary, laundry, warehouse and chemical dispensing room where the chemicals are used. During ESS training, staff are being retrained on MSDS use. When each Deputy Warden inspects his/her six units, they inspect each Control Module for MSDS sheets The ESS Manager and staff also inspect and ensure that MSDS are in all appropriate areas.

DOC's Response to IG's Recommendation, as Received:

a. DOC disagrees with the recommendation because the 20 MSDS sheets were readily accessible prior to the completion of the inspection as the IG noted. Thus, DOC requests that the finding and recommendation be removed from the inspection report.

b. DOC disagrees with the recommendation because 19 of the 20 MSDS were in place at the time of the inspection and the 20th MSDS was put in place prior to the completion of the inspection report. Thus, DOC requests that this recommendation be removed from the inspection report.

OIG Comments: ***Action planned and taken by DOC should adequately address the condition noted.***

12. <u>CDF management had not complied with federal law regarding written emergency evacuation plans</u>.

29 CFR 1910.38 (a) (1) (2001) *Emergency action plan – Scope and application* states that **"[an] emergency action plan shall be in writing . . ."**

The inspection team was informed by the CDF safety staff that there is no written emergency evacuation plan. The absence of an emergency evacuation plan endangers the safe evacuation of CDF employees and inmates in the event of a fire or other emergency.

The IG addressed this issue in the June 8, 2001, MAR to D/DOC (Appendix 5). D/DOC's response to the IG included a copy of DOC's Fire Safety Program and Protection Plan. D/DOC stated in the MAR response that the plan is currently being updated. It will be submitted to the D.C. Fire Department for approval. Further, D/DOC stated the emergency plan is 80 percent complete.

Upon review of the revised Fire Safety Program and Protection Plan submitted by DOC, however, it was found that the plan does not illustrate routes of evacuation within the CDF facility as required by federal law. The plan should include a diagram showing the routes of evacuation for employees and inmates. Diagrams displaying the location of exits are a vital component of an emergency evacuation plan. Federal law states that an emergency evacuation plan must include emergency exit route assignments.

Recommendation:

That DOC and CDF management develop and implement a written emergency evacuation plan with a floor plan showing the routes of exit as required by 29 CFR 1910.38 (a) (1) (2001).

Agree **X** Disagree _____

DOC's Response to IG's Finding, as Received:

DOC has historically maintained an evacuation plan at the Central Detention Facility. At the time of the inspection, this evacuation plan, dated May 18, 1992, was being updated to comply with American Correctional Association Standards and DOC policy mandating annual reviews and updates of policy and procedures. On February 1, 2002, a "Fire Safety Program and Evacuation Plan" was approved. This emergency evacuation plan includes a color floor plan with evacuation routes for employees and inmates, and specifies exit locations, fire extinguishers and standpipes. All areas of the CDF are covered by the plan.

DOC's Response to IG's Recommendation, as Received:

DOC agrees with the recommendation, which has been satisfied and is now outdated. DOC implemented the IG's recommendation to enhance the evacuation plan by including the diagram showing routes of evacuation for employees and inmates and the locations of exits.

13. <u>Poor housekeeping practices and vermin contamination were observed throughout the CDF</u>.

29 CFR 1910.141 (a) (3) (i) (2001) *Housekeeping* states that **"[a]ll places of employment shall be kept clean to the extent that the nature of the work allows."**

29 CFR 1910.141 (a) (5) (2001) *Housekeeping-Vermin Control* states that **"[e]very enclosed workplace shall be so constructed, equipped and maintained, so far as reasonably practicable, as to prevent the entrance or harborage of rodents, insects, and other vermin. A continuing and effective extermination program shall be instituted where their presence is detected."**

The inspection team observed poor housekeeping practices throughout the CDF. The facility was not maintained in a clean and orderly manner. The team noted that the entire facility suffers from neglect and lack of consistent maintenance. CDF employees and inmates fail to adequately clean and maintain common work areas. In the culinary unit, rodent droppings were observed in the storage closet where bread racks are stored. Breadcrumbs were spilled on the floors and in the corners of the storage closet (Photo 3, Appendix 11). The inspection team noted that these crumbs remained on the floor of the closet for at least two days. Further, the team observed that large spoons and knives are stored in a cabinet that also contained chemicals, such as tubes of cement-type glue. This storage practice could cause contamination of food that is being prepared.

The IG addressed this issue in a June 8 2001, MAR to D/DOC (Appendix 5). D/DOC's response to IG included a draft of a March 2000 housekeeping document used to train employees. DOC stated that the inspection plan for housekeeping and documents clarifying the responsibilities of DOC staff are under revision. D/DOC further stated that the frequency of conducting inspections within the CDF have been reduced due to a reduction-in-force of DOC staff. D/DOC stated that in order to organize and clean the culinary area, a master cleaning schedule for the culinary unit has been developed. D/DOC stated that hazardous chemicals have been removed from the utensil storage cabinet and that the Fire

Protection Specialist will monitor the storage area during monthly culinary unit inspections.

Recommendations:

a. That D/DOC and CDF management maintain and enforce a daily general maintenance and cleaning program.

Agree **X** Disagree _____

b. That D/DOC and CDF management ensure that potentially hazardous materials are not stored with utensils that are used for food preparation.

Agree _____ Disagree **X**

DOC's Response to IG's Finding, as Received:

DOC has taken a series of steps to strengthen housekeeping in the CDF. Environmental safety and sanitation staff was transferred to CDF in May 2001 and the Deputy Warden for Support and a Facilities Management Engineer commenced quarterly inspections of the entire facility for maintenance and sanitation issues. As a result, DOC has increased the frequency of inspections.

An environmental safety and sanitation plan is in place containing general maintenance procedures. Environmental Safety and Sanitation training has been implemented for all employees in accordance with PS 2920.4. Over 300 employees have been trained to date on the housekeeping manual, which includes their responsibilities for ensuring that the facility is clean and the supervisory and management controls that are in place via inspections and abatement.

DOC's Response to IG's Recommendation, as Received:

a. DOC agrees with the recommendation, and will vigorously monitor adherence to the daily general maintenance and cleaning program, as outlined in the Environmental Safety and Sanitation Manual.

b. DOC disagrees with the recommendation because the single tube of cement like glue was immediately removed from the drawer in the presence of the IG inspection team. Thus, DOC requests that this recommendation be removed from the inspection report.

OIG Comments: ***Action planned and taken by DOC should adequately address the condition noted.***

14. <u>The ventilation and overall indoor air quality (IAQ) inside the CDF ranged from poor to inadequate</u>.

The poor air quality in CDF violates the Occupational Safety and Health Standard in 29 CFR 1910.141 (a) (3) (i) *Housekeeping* and the Occupational Safety and Health Act Section 5 (a) (1) General Duty Clause (1970) which states that **"[a]ll places of employment shall be kept clean to the extent that the nature of the work allows."**[12]

The vents and ductwork of the ventilation system were covered with large amounts of dirt, dust and grime. The unit is old and suffers from a lack of general maintenance. The CDF has had a long-standing history of poor indoor air quality according to the health and safety inspection reports submitted by DOC and DOH. The IG inspection team observed that throughout the entire facility, the overall IAQ was poor. In cellblocks and command units, the HVAC unit was not operative, or the air flowing from the vents was minimal. These unsanitary conditions create poor IAQ. Impaired air ducts may possibly create harborage for bacteria and cause inadequate filtration of viruses and air contaminants.

[12] OSHA uses this general standard to regulate indoor air quality.

The IG addressed this issue in the June 8, 2001, MAR to D/DOC (Appendix 5). D/DOC's response to the IG states that the installation of the new HVAC unit is a Capital Improvement Project, which began April 1, 2001.

Recommendations:

a. That D/DOC and CDF management install a HVAC unit that is properly equipped to filter out airborne contaminants, such as bacteria and harmful viruses.

Agree **X** Disagree _____

b. That D/DOC requests that D.C. OSH conduct an IAQ sampling at the CDF.

Agree **X** Disagree _____

DOC's Response to IG's Finding, as Received:

In a test conducted by DC OSH on August 7, 2001, the results showed IAQ to be adequate. In conducting this test, DC OSH stated that they used the more rigorous standards promulgated by the American Society of Heating, Refrigeration, and Air Conditioning Engineering. This standard mandates 1,000 parts per minute while OSHA allows a less stringent standard of 5,000 parts per minute.

The HVAC system at CDF has had some continuous problems since the building was constructed. To further improve the IAQ, the Department has implemented a very aggressive housekeeping and sanitation program that includes regular cleaning of HVAC vents and registers throughout the facility.

DOC also has an inspection program, using the more rigorous standard of the American Society of Heating, Refrigeration, and Air Conditioning Engineering, that includes testing temperature, humidity, airflow and CO_2 levels, and testing for the presence of particulate matter.

The ultimate solution is to install a state-of-the-art HVAC system that includes high efficiency filters and ultra-violet exposure units to remove particulate matter and pathogens. A major CIP project to accomplish just this has been approved and funded in the amount of $7.5 million. This upgrade is projected for completion in December 2003.

DOC's Response to IG's Recommendation, as Received:

a. DOC agrees with the recommendation. The CIP to replace the HVAC started in April 2001 and the projected completion date is 2003. This action will achieve environmental safety objectives.

b. DOC agrees with the recommendation, and requested and subsequently received the annual DC OSH inspection on August 7, 2001. In addition, DOC routinely collects air quality samples within the facility, and environmental safety and sanitation controls are in place.

15. <u>The floors, aisles, and passageways in the warehouse area of the CDF were blocked or cluttered with miscellaneous items in violation of federal law regarding safe clearances and passageways</u>.

29 CFR §1910.22 (b) (1) (2001) *Housekeeping* states that **"[s]ufficient safe clearances shall be allowed for aisles, at loading docks, through doorways and wherever turns or passage must be made. Aisles and passageways shall be kept clear and in good repairs, with no obstruction across aisles that could create a hazard."**

The inspection team observed floors and passageways in the warehouse storage areas that are blocked and cluttered with tools, mechanical equipment, cleaning supplies, boxes, paper, expired fire extinguishers and Self Contained Breathing Apparatuses (SCBAs) (Photos 4 and 5, Appendix 11).

The IG addressed this issue in the June 8, 2001, MAR to D/DOC (Appendix 5).

Recommendation:

That D/DOC ensure that CDF management complies with 29 CFR § 1910.22 (b)(1) (2001) and keeps all floors, aisles and passageways clear and in good repair.

Agree **X** Disagree _____

DOC's Response to IG's Finding, as Received:

The entire warehouse was cleaned. All passageways and aisles were cleared, and all items of no use have been discarded, such as fire extinguishers and self-contained breathing apparatuses.

DOC's Response to IG's Recommendation, as Received:

DOC agrees with the recommendation, and has confidence this situation will not reoccur because the bulk of the storage items in the CDF is being moved to an off-site warehouse facility operated by a supply management contractor.

16. <u>Floors in the passageways to the cellblocks are not maintained in a clean and sanitary condition as required by federal law</u>.

29 CFR 1910.22 (a) (1) (2001) states that **"[a]ll places of employment, passageways, storage rooms, and service rooms shall be kept clean, and orderly and in a sanitary condition."**

The IG inspection team observed that the floors throughout the facility are covered with chipped paint and mold.

The IG addressed the issue in a June 8, 2001, MAR to D/DOC (Appendix 5). D/DOC's response to the IG stated that the floors will continue to be stripped, waxed and treated three times a year. A requests will be made to the current vendors regarding additional items and cleaning methods that can be used to address the mold and mildew. D/DOC stated that because of the age of the floors, it might be necessary to replace them.

Recommendation:

That D/DOC ensure that CDF management cleans, sanitizes, and removes the chipped paint and mold from the floors.

Agree **X** Disagree _____

DOC's Response to IG's Finding, as Received:

All floors are being stripped and waxed three times per year. In addition, an Environmental Safety and Sanitation Manager is now assigned to the CDF on a full time basis to monitor this schedule.

DOC's Response to IG's Recommendation, as Received:

DOC agrees with the recommendation, and believes that it has been satisfied. As stated above, the floors are being maintained at the required level of care and cleanliness.

17. Ceiling lights in the cellblocks were broken or covered with cardboard or paper, thereby obstructing proper artificial lighting of the cells in violation of the BOCA National Building Code.

The BOCA National Building Code Chapter 12, § 1205.1 states that **"[e]very room or space intended for human occupancy shall be provided with natural or artificial light."**

The IG inspection team observed that in several inmate cells lights were either missing, broken or obstructed by paper or cardboard. This creates darkness in a cell, and causes unsafe conditions for officers who may have to enter a cell.

The IG addressed this issue in the June 8, 2001, MAR to D/DOC (Appendix 5). D/DOC's response to the IG stated that light covers are being replaced in the third floor housing units. Additional screws and extra gaskets are being added to prevent placement of items inside light covers. Additionally, each floor is scheduled to have light covers replaced. A Capital Improvement Project is scheduled in the near future to further

address this issue. D/DOC further stated that sanctions are being considered against inmates who continue to obstruct the lighting in their cells.

Recommendation:

That D/DOC and CDF management ensure that lights are repaired or replaced, and that obstructions are removed in order to provide safe and adequate lighting in the cellblocks.

Agree _____ Disagree **X (In Compliance)**

DOC's Response to IG's Finding, as Received:

The CDF has approximately 4,000 light fixtures within its 18 cellblocks alone. At any given time, a very small percentage of the lights may be blown, or may be broken and obstructed with paper or cardboard by inmates. All cellblocks are inspected daily and problems, including those related to lighting are reported and corrected. Inmates are also required to remove the paper obstruction whenever it is found. As reported in the DOC response to the IG, the damaged light covers are being replaced continuously, lenses are cleaned frequently, and higher wattage light bulbs have been installed to bring light foot candles in compliance with American Correctional Association Standards. To further improve lighting conditions in the cellblocks, a CIP has been funded in the amount of $1.5 million to install higher wattage, tamper resistant electrical fixtures.

DOC's Response to IG's Recommendation, as Received:

DOC disagrees with the recommendation. As noted above, repairs are being made continuously. Inmates who violate housing regulations are being disciplined. In addition, the CIP project for replacement of all light fixtures in the cellblocks is being implemented. Thus, DOC requests that the finding and recommendation be removed from the inspection report.

OIG Comments: ***Action planned and taken by DOC should adequately address the condition noted.***

18. <u>Food spills on the floors impair safe movement</u>.

29 CFR §1910.22 (a) (1) (2001) *Housekeeping* states that **"[a]ll places of employment, passageways, storerooms and service rooms shall be kept clean and orderly and in a sanitary condition."**

29 CFR §1910.22 (a) (2) (2001) *Housekeeping* states that **"[t]he floor of every workroom shall be maintained in a clean and, so far as possible, a dry condition."**

The inspection team observed that the floor in the culinary unit was constantly wet from leaking water pipes located throughout the kitchen area. The floor has broken, warped, and cracked tiles, and there were standing puddles of stagnant, putrid water on the kitchen floor. In addition, the inspection team noted food spilled on the floor throughout the culinary unit. These conditions impeded free and safe movement of employees. CDF employees stated that the condition of the floors in the culinary unit has been a health and safety concern for years. DOC and DOH inspection reports indicate that violations for floor conditions have been cited repeatedly for the past two years. (Photos 6 and 7, Appendix 11).

The IG addressed this issue in the June 8, 2001, MAR to D/DOC (Appendix 5). D/DOC's response to the IG states that the leaking pipes in the culinary unit are repaired on a daily basis. Major repairs to the floors are a part of the Capital Improvement Project, however, and repairs to sections of the floor continue to be made. D/DOC stated that the Culinary Unit Master Cleaning Schedule will address specific items that need to be cleaned, after training is completed.

Recommendations:

a. That D/DOC and CDF management repair the leaking pipes and broken floors in the culinary unit.

Agree **X** Disagree _____

b. That D/DOC and CDF management clean and sanitize all areas of the floor in the culinary unit daily and as frequently as necessary to maintain cleanliness and sanitization.

Agree **X** Disagree _____

DOC's Response to IG's Finding, as Received:

DOC has taken a four pronged approach to abating this problem: (1) leaking pipes in the culinary unit are assigned top priority and receive an immediate maintenance response; (2) the culinary officer and the contract monitor constantly inspect to ensure that food spills are promptly cleaned up; (3) the kitchen floor is mopped and disinfected during the clean up after each meal; and (4) the entire culinary floor will be rebuilt in accordance with the Capital Improvement Program. The floor replacement should be completed in 2003.

DOC's Response to IG's Recommendation, as Received:

a. DOC agrees with the recommendation. An action program has been put in place to address this problem.

b. DOC agrees with the recommendation, which has been satisfied and is now outdated. The Food Service Master Cleaning Schedule noted in the ESS Manual provides for a comprehensive schedule for cleaning the entire Culinary Unit. The schedule details the frequency of cleaning, responsible shifts and persons, and recommended supplies and equipment to be used.

19. Exhaust hoods located over the cooking vats in the culinary unit were inoperative, violating D.C. regulations regarding exhaust systems.

12 D.C.M.R. § 503.14 (1) (1986) states that **"[e]xhaust systems from all kitchens [where] hoods over cooking equipment are not provided nor required by these or other regulations, shall be through an independent duct system or fan discharging to the outside of the building."**

In the culinary unit, the IG inspection team observed that exhaust fans located on top of the cooking vats were inoperative. As a result, boiling hot steam is emitted from the broken steam pipes located at the bottom of cooking vats and vented into the open. This condition exposes inmates and CDF employees to heat stress and possible burns to the body. Inmates stated that the steam pipes have been broken for years. The inspection team asked the CDF officer on duty to turn on the exhaust hoods, however, the employee stated that he did not know how to operate the exhaust system.

The IG addressed this issue in the June 8, 2001, MAR to D/DOC (Appendix 5). D/DOC's response to the IG states that the Compliance Program Master and the Acting Deputy Warden for Support Services stated that all exhaust fans are operative. Daily inspections of the exhaust system will be added to the inspection program. In addition, training on said system will be covered during training on the Master Cleaning Schedule.

Recommendations:

a. That D/DOC and CDF management repair the exhaust equipment in the culinary unit.

Agree _____ Disagree **X**

b. That D/DOC and CDF management train CDF employees on how to properly operate the exhaust equipment.

Agree _____ Disagree **X**

DOC's Response to IG's Finding, as Received:

DOC disagrees with the inspection findings and requests that it be removed from the inspection report. The exhaust hoods on the top of the cooking vats were, in fact, operative. The switch simply needed to be turned on to make it work.

DOC's Response to IG's Recommendation, as Received:

a. DOC disagrees with the recommendation, and requests that it be removed from the inspection report. As stated above, the exhaust equipment has always been operative. Employees have again been shown where the switches to operate the exhaust fans are located, and the hoods are inspected regularly. In addition, the whole kitchen is being renovated in 2003. New hoods will be installed as part of that project.

b. DOC disagrees with the recommendation, and requests that it be removed from the inspection report. The operation of the exhaust fans is not complicated; therefore, no formal training is needed. The employees working in that area have been shown the location of the switches.

OIG Comments: ***Action taken by DOC should adequately address the condition noted.***

20. <u>The electrical panel boxes located in the culinary unit have missing or broken covers</u>.

29 CFR 1910.305 (b) (2) (2001) *Covers and canopies* states that **"[a]ll pull boxes, junction boxes, and fittings shall be provided with covers approved for the purpose."**

The IG inspection team observed that the culinary unit electrical panel covers were either bent, missing or did not close properly. These conditions create a potential fire and electrocution hazard for CDF employees and inmates. (Photo 8, Appendix 11).

The IG addressed this issue in the June 8, 2001, MAR to D/DOC (Appendix 5). D/DOC's response to the IG states that all panels had been repaired and locks were added to prevent tampering.

Recommendation:

That the D/DOC and CDF management ensure that all electrical panels are replaced and repaired as required by 29 CFR 1910.305 (b)(2) (2001).

Agree _____ Disagree **X (In Compliance)**

DOC's Response to IG's Finding, as Received:

As indicated in the DOC's response to the IG's June 8, 2001 MAR, all electrical panels have been repaired and locks have been added to prevent tampering. Accordingly, no electric panels in the Culinary Unit have improper covers.

DOC's Response to IG's Recommendation, as Received:

DOC disagrees with the recommendation because compliance was achieved prior to completion of the inspection. Thus, DOC requests that this recommendation be removed from the inspection report. All electrical panels are inspected daily and all problems are corrected in a timely fashion. Further, a CIP project has been authorized that will address reconfiguration of electrical distribution throughout the facility, including electrical panels in the Culinary Unit.

21. <u>CDF and Halfway House officers at entrance checkpoints have not been issued personal protective equipment (PPE) as required by federal law</u>.

29 CFR 1910.132 states that:

[p]rotective equipment, including personal protective equipment for eyes, face, head, and extremities and protective shields and barriers [] shall be provided, used, and maintained in a sanitary and reliable condition [;] wherever, it is necessary by reason of hazards of processes or environment, chemical hazards, radiological hazards, or mechanical irritants encountered in a manner capable of

causing injury or impairment in the function of any part of the body through absorption, inhalation or physical contact.

Correctional Officers do not wear gloves or other personal protective equipment (PPE) while frisking visitors and inmates at various locations at the CDF and the Halfway House. Officers frisk visitors and inmates at the front desk check point station at the Halfway House and frisk all inmates arriving at the CDF in the receiving and discharge area of the facility. OSHA recommends that puncture resistant gloves be worn at all times to protect employees from exposure to possible sticks from sharp objects such as needles or knives. Employees stated that management has not issued PPE to officers manning the posts mentioned above.

Recommendations:

a. That D/DOC direct management at the CDF and the Halfway House to provide gloves and other PPE to officers as necessary, and to issue policies with regard to their use.

Agree _____ Disagree **X**

b. That D/DOC ensure that CDF management is held accountable for the immediate abatement of violations.

Agree _____ Disagree **X**

DOC's Response to IG's Finding, as Received:

The finding that correctional staff do not wear gloves to protect themselves from exposure to blood borne pathogens is inaccurate. Officers have always been issued gloves to use during searches of inmates, inmate property and security inspections.

DOC has issued the recommended Gimbel Frisk and Search Gloves to correctional staff at the CDF for use when conducting facility, property and inmate searches. The product training video has also been downloaded and shown to correctional staff. Use of these gloves will be incorporated into procedures regarding employee health precautions.

Gloves have also been issued to employees for use at the Community Correctional Center 4. Hand held friskers are also currently in use.

Government agencies, as a matter of practice, do not frisk visitors while clad in gloves. Visitors are required to empty their pockets prior to clearing a metal detector.

DOC's Response to IG's Recommendation, as Received:

a. DOC disagrees with the recommendation because the agency is in compliance with this OSHA standard. DOC has further met the IG team's suggestion to provide puncture proof gloves as an added protection. Thus, DOC requests that the finding and recommendation be removed from the inspection report.

b. DOC disagrees with the recommendation because management has routinely provided gloves in compliance with OSHA standards for PPE in Title 2 Part 1910.1030. Thus, DOC requests that the finding and recommendation be removed from the inspection report.

OIG Comments: ***Action taken by DOC should adequately address the condition noted.***

22. DOC management has not implemented recommendations made in two District of Columbia Auditor reports pertaining to overcrowded conditions at the Halfway House.

The team reviewed two District of Columbia Auditor reports, dated August 3, 1999, and March 29, 2000, which cited many violations associated with inadequate and overcrowded conditions at the Halfway House and provided recommendations to abate these conditions. The Halfway House was originally designed to accommodate 139 inmates; however, at the time of this inspection, it housed 205 inmates. One of the Auditor's reports cited a DCRA inspection of the Halfway House that resulted in 26 floor space violations of Title 14 of the D.C. Municipal Regulations (DCMR) on housing. DCRA levied a $50 fine for each violation found during that

inspection for a total of $1,300. The Auditor's analysis revealed that there were too many beds (87 in excess) for the available floor space. The deficiencies recorded in these reports still existed during this IG inspection, and the D.C. Auditor's recommendations had not been implemented at the time of the IG inspection.

Recommendation:

That D/DOC review the Auditor's reports dated August 3, 1999, and March 29, 2000, and implement the recommendations pertaining to the overcrowded conditions at the Halfway House.

Agree _____ Disagree **X (In Compliance)**

DOC's Response to IG's Finding, as Received:

DOC disagrees with this finding. It has been negotiating with the owner of Community Correctional Center 4 for a new lease agreement through the DC Office of Property Management. DOC has asked OPM to address the lack of significant terms and conditions in the expired lease agreement, such as requiring necessary renovations and improvements to the building, and meeting all appropriate zoning and safety requirements.

DOC's Response to IG's Recommendation, as Received:

DOC disagrees with the inclusion of this finding and recommendation in the inspection report because substantial activity was underway on this issue prior to the commencement of the inspection. The referenced reports have been reviewed and their findings and recommendations have been incorporated into DOC's ongoing negotiations with the CCC 4 landlord for a new lease agreement.

OIG Comments: ***Action taken by DOC should adequately address the condition noted.***

23. Inmates at the Halfway House have access to each other's medications.

The Halfway House Operations Memorandum states that inmates must requests their medication from a Halfway House employee. The memorandum further states that an inmate should be given access to his medical bin only while being observed by a Halfway House employee. On two separate occasions, the team observed this procedure not being followed. Instead, medication for all inmates was placed in small, open bins, labeled with inmates' names and stored in a metal file cabinet. When an inmate requested medication, the inmate received a key from an employee, unlocked the file cabinet, and under supervision by a Halfway House employee, retrieved medication from his bin. The inmate logged into a ledger book the date and time that the medication was taken. The inmate then placed his bin back into the cabinet, locked it, and returned the key to the employee.

It should be noted that the employee responsible for watching the inmate remove the medication from the file cabinet may be simultaneously engaged in other tasks such as shipping and receiving mail, answering phones, and greeting visitors to the facility. The staff member may not be paying attention while the inmate accesses the file cabinet. As a result, there is an opportunity to steal or gain access to other inmates' medication.

Recommendation:

That the Administrator of the Halfway House ensure that staff members implement and enforce the written procedures for medication access by inmates.

Agree **X** Disagree _____

DOC's Response to IG's Finding, as Received:

DOC has had long standing policies and procedures in place for the secure issuance of medication to inmates. Prescription medication is stored in a locked cabinet located in a secure area on each housing unit. The officer assigned to the unit maintains custody of the key on a unit key

ring. The inmate must make a request to the officer to obtain his medication. The officer verifies the inmate's identity, unlocks the cabinet and pulls the inmate's medication tray and then locks the cabinet. The staff member supervises the inmate as he extracts the medication to ensure that the inmate is taking the prescribed dosage. The inmate then signs the log indicating the medication taken and the officer initials the log. After the inmate has taken the medication, the officer returns the inmate's medication drawer to the cabinet and relocks it. At no time should an inmate be given a key to access medication from the cabinet. Other possibilities for storage of medication in individually accessed drawers are being explored.

DOC's Response to IG's Recommendation, as Received:

DOC agrees with the recommendation that the Administrator of the Halfway House ensure that staff members enforce the written procedures for medication access by inmates and believes that it has been satisfied and is now outdated. DOC currently has policies and procedures in place, and they will be further evaluated during the annual review process to assure their efficacy. Moreover, medication access policies and procedures are being emphasized through roll call training.

24. <u>Untrained Halfway House employees are dispensing and disposing of medical supplies in violation of federal law</u>.

29 CFR § 1910.1030 (c)(1)(i) states:

[e]ach employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

29 CFR § 1910.1030 (d)(1) *General* states:

Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

29 CFR § 1910.1030 (d)(2)(i), *Exposure Control Plan* states:

[e]ngineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

The inspection team found that one of the duties of Halfway House employees is to dispense needles to special needs inmates (e.g. inmates who are diabetic) and dispose of used needles. Unused needles are placed in an office envelope labeled with the inmates' names and stored under the front desk. Halfway House employees have no documentation as to the number of needles and syringes distributed to inmates. Employees stated that they often issue needles and syringes to inmates upon requests and do not verify that these supplies are required by an inmate.

On at least two occasions, an inmate went unescorted to the facility's public restroom located adjacent to the front desk to administer an injection. After the inmate took the injection, the inmate gave the contaminated needle to the employee for disposal in a biohazard container stored under the front desk. According to employees, they have not been trained in the proper disposal of biohazards nor have they received emergency training in the event an inmate improperly administers an injection. (Photo 9, Appendix 11).

Employees stated that they have not received any training regarding the health and safety procedures necessary to perform such duties, nor do they have the proper safety equipment, such as gloves, to use when disposing of the used needles. Employees further stated that they feel uncomfortable with disposing of used needles because they are concerned about exposure to blood-borne diseases and have not been trained on how to prevent infection.

Recommendations:

a. That D/DOC implement needle dispensing and disposal procedures that will meet the OSHA Blood-Borne Pathogen Standard of 29 CFR §§ 1910.1030(c)(1)(i), 1910.1030(d)(1) and 1910.1030(d)(2)(i).

Agree **X** Disagree _____

b. That D/DOC require that medical personnel dispense medical supplies to inmates or train non-medical personnel to properly dispense and dispose of medical supplies issued to inmates.

Agree _____ Disagree **X (In Compliance)**

c. That D/DOC provide medical training in emergency medical procedures for non-medical Halfway House personnel in the event an inmate improperly administers an injection.

Agree _____ Disagree **X (In Compliance)**

DOC's Response to IG's Finding, as Received:

Policies and procedures are in place for the distribution of medical supplies to inmates. Medical staff issues a standard supply of diabetic syringes and pre-measured vials to each diabetic. Diabetic medication is maintained in a refrigerator in the control center on the first floor and issued from there. Syringes are secured in the medicine cabinet that is under the control and custody of the correctional staff at the control center and are issued as required. Inmates enter the first floor bathroom where they self-administer the medication. This bathroom is in direct sight and surveillance of the officers manning the control center. Immediately after injection, the inmate is required to dispose of the syringe using the biohazard container that is approximately 10 feet from the bathroom. The officer monitors the inmate's disposal of the syringe. The on-site medical staff coordinates the removal of the biohazard waste container.

DOC's Response to IG's Recommendation, as Received:

DOC agrees with the recommendation. Polices and procedures are in place for the distribution and disposal of medical supplies to inmates. The sharps container will remain under the custody and supervision of staff, but will be made more accessible to inmates to dispose of their own syringes into the biohazard waste container.

DOC disagrees with the recommendation because non-medical personnel have received health precautions training for several years in dispensing and disposing of medical supplies issued to inmates as well as other precautionary practices. Thus, DOC requests that this recommendation be removed from the inspection report.

DOC disagrees with the recommendation. DOC provides training to non-medical halfway house personnel and instruction on how to contact city emergency medical services should the need arise. Thus, DOC requests that this recommendation be removed from the inspection report.

OIG Comments: ***The finding and recommendations are based on the condition at the time of the inspection. Action taken by DOC, however, should adequately address the condition noted.***

25. <u>The security control panels in the command centers of the CDF cell blocks are in need of repair</u>.

The team observed that the control panels[13] in the command centers have missing knobs and frayed wires. CDF employees stated that these command centers have been in need of repair for years. These broken panels may malfunction or shut down and create a safety hazard for CDF employees.

[13] Control panels are used to open and close the gates to CDF cells and operate the doors between cell blocks.

Recommendation:

That D/DOC direct the repair of control panels in the command centers.

Agree _____ Disagree **X (In Compliance)**

DOC's Response to IG's Finding, as Received:

In this instance, the inspection report's reference to the command center actually relates to cellblock control modules. Any maintenance issues that affect the opening and closure of cell doors are Priority One issues and receive immediate repair in accordance with PS 2920.4. Malfunctions are identified through inspections made three times daily as well as daily, weekly and monthly supervisory and environmental staff inspections. The frayed wires observed were actually from the old telephone system that was replaced in the Spring of 2001. DOC has since removed the wires.

DOC's Response to IG's Recommendation, as Received:

DOC disagrees with the recommendation. The exposed wires belonged to the old telephone system that was being removed. Repair of a cell door is an immediate action item. In addition, the aforementioned CIP project will include renovation of all cell doors and cellblock control modules. Thus, DOC requests that this recommendation be removed from the inspection report.

26. Halfway House employees transport inmate laundry in private vehicles.

Employees at the Halfway House stated that they used their private vehicles to transport linen between the Lorton, Va. facility and the Halfway House. According to employees, CDF management previously had a truck available for the Halfway House staff to use. Due to budget cuts, however, the Halfway House privileges to use the truck were revoked and no arrangements were made to transport the laundry to Lorton. The employees were not reimbursed for using their vehicles for this DOC function.

Recommendation:

That D/DOC provide a permanent means for Halfway House laundry to be taken to Lorton or elsewhere for cleaning.

Agree _____ Disagree **X**

DOC's Response to IG's Finding, as Received:

Community Correctional Center 4 management is not aware of any instance where Community Correctional Center 4 employees have utilized personal vehicles to transport laundry to Lorton, Virginia or elsewhere. In addition, the facility has a government vehicle for the transport of laundry to the Central Detention Facility. At the time of the inspection, replacement vehicles and servicing for inoperative vehicles were available through the DOC motor pool.

DOC's Response to IG's Recommendation, as Received:

DOC disagrees with the recommendation. Policies and procedures have always required that staff transport laundry from CCC 4 to the CDF or Lorton using a government vehicle. Thus, DOC requests that this recommendation be removed from the inspection report.

OIG Comments: ***Although policies and procedures required employees to use a government vehicle to transport laundry, employees at the Halfway House stated that a government vehicle was not made available for their use.***

Findings and Recommendations:

MANAGEMENT

MANAGEMENT

The Warden is the Chief Executive Officer at CDF and reports directly to the Deputy D/DOC. The Warden delegates program authority to three Deputy Wardens.

- The **Deputy Director for Operations** is responsible for security, standard operating policies and procedures, administrative orders, planning, training, and urine surveillance. There are 627 uniformed correctional officers reporting to the deputy warden for operations.
- The **Deputy Director for Support Services** is responsible for facilities management, time and attendance, laundry operation, food services, budget, procurement, mail operations, the canteen, property management, supply, environmental and sanitation. There are 8 civilian employees and 33 officers reporting to the deputy warden for support services.
- The **Deputy Director for Programs** is responsible for case management, records, the law library, recreation, psychological services, religious services and volunteer services. There are 24 civilian employees and 2 officers reporting to the deputy warden for programs.

27. Case Managers are not held accountable for work hours or their presence in cellblock offices. Their high absenteeism rate decreases effectiveness in assisting inmates.

Case Managers are assigned offices within the cellblocks to assist inmates by providing individual and group counseling sessions, and preparing various evaluative reports that are used by the Parole Board, Courts, senior departmental officials, and outside agencies to determine the inmate's suitability for release. Many correctional officers, however, stated that inmates are frustrated because case managers are frequently absent and unavailable to provide assistance. The inspection team reviewed the log of inmate grievances filed, and noted that the cellblocks with the greatest number of absences by Case Managers had the most grievances.

Under existing procedures, Case Managers are required to use a logbook to sign in and out. The correctional officer at each cellblock maintains the official logs and tracks Case Managers as they enter and exit the cellblocks. The inspection team examined the official logs covering the period of April 18, 2001 – May 18, 2001 at each of the 17 cellblocks and found that none of the Case Managers were in their cellblock offices every workday. The inspection team also could not find attendance records or logs to indicate that Case Managers were present during an entire 8-hour shift.

The Deputy Warden for Programs stated that she felt at least 20 hours a week would be reasonable for a Case Manager to spend in a cellblock office; however, CDF management has no published policy regarding the number of hours a Case Manager should spend in their cellblock offices. The inspection team learned that Case Managers in the Virginia Detention Facility are required to go to their cell offices every day, where they spend a minimum of 20 hours a week.

Case Managers stated that they were not concerned about the number of hours they spent in their cellblock offices since their supervisors have not visited them in their those offices in more than 3 years.

Recommendations:

a. That the Warden develop and implement policies requiring that Case Managers be in their cellblock offices for a specified number of hours on a daily basis to assist inmates.

Agree _____ Disagree **X**

b. That the Warden direct the Chief of the Case Management Unit to develop a system to track time and attendance, duty assignment, location and productivity among Case Managers and take appropriate action to improve attendance and increase accountability.

Agree _____ Disagree **X**

DOC's Response to IG's Finding, as Received:

Case Managers are held accountable for their time and attendance during an eight hour shift. The Time and Attendance sign-in and out sheets are kept in the Case Management area located on the second floor of the Central Detention Center. Each Case Manager is required to sign in and out each day.

Case Managers are required to spend a minimum of 15 hours per week in their cellblock offices. Each Case Manager has established office hours, which are posted in their respective housing units. This allows the inmate population and staff to be aware of when Case Managers will be in their offices.

In addition to their cellblock casework, Case Managers have other duties that consume a large proportion of their time each week. These duties include daily intake classification, serving as a member on the Housing and Adjustment Board, and manning the transfer desk in the Records Office. Additionally, Case Managers prepare monthly status reports, mandatory release packages, work release packages, sex offender release packages, and referral packages for inmate placement in Saint Elizabeth Hospital. Case Managers also visit inmates who are housed in the various hospitals within the city. And finally, Case Managers research individual inmate cases, obtaining necessary legal documents from the courts and other outside agencies as required

During the time of the inspection, Case Managers were involved in the extensive process of preparing parole reports to the USPC, and referral packages for inmate placement at the Lorton Central Facility, the FBOP and private contract facilities in the effort to close Lorton. Based upon the Case Managers' diligence on this task for over two years, DOC was able close Lorton ahead of schedule and without a single injury to an inmate or employee.

DOC's Response to IG's Recommendation, as Received:

a. DOC disagrees with the recommendation. Office hours in the cellblock had been established for Case Mangers prior to the inspection. Thus, DOC requests that this recommendation be removed from the inspection report.

b. DOC disagrees with the recommendation. Case Managers are held accountable in accordance with the DPM Chapter 12, through such management controls as time and attendance documentation; the monitoring of housing and staff assignment rosters and weekly schedules; and, the documentation of roles and responsibilities. Thus, DOC requests that this recommendation be removed from the inspection report.

OIG Comments: ***Action taken by DOC should adequately address the condition noted.***

28. <u>Case Managers do not have the necessary resources to provide assistance to inmates</u>.

Case Managers stated that records, reports, and forms which they must complete are prepared manually because they do not have access to computers in their cellblock offices. They stated that, because they do not have file cabinets in their cellblocks to properly store and secure either records or supplies, they are required to spend an inordinate amount of time running back and forth to review files maintained in Central Records and looking for forms and information in inmate's records. As a result of not providing Case Managers with the proper training, policies, procedures, supplies and equipment needed, inmates are not consistently receiving the services they need.

Recommendation:

That D/DOC direct DOC Procurement to purchase office furniture, equipment, and computers for each Case Manager's cellblock office.

Agree _____ Disagree **X**

DOC's Response to IG's Finding, as Received:

DOC disagrees with the finding because Case Managers have always had ready access to inmate records; access to Criminal Records Information System (CRISYS)/JACCS data; and clerical support. In

addition, Case Managers maintained individual inmate working files in their unit offices. All Case Managers have been provided the necessary office supplies, including file cabinets and office furniture. The file cabinets are utilized for maintaining working folders. The working folders contain copies of all pertinent information, i.e., face sheets, commitment orders, intake classification forms and any other information that relates to the inmate. The official institutional record of the inmate is stored in the facility Records Office. Case Managers are provided a "quiet area" located in the unit management area on the second floor to prepare all written reports.

All Case Managers have since been provided personal computers for use in their unit offices, as a part of DOC's strategic automation plan. Programs installed on their computers include the JACCS system and Microsoft Word to assist with relevant documentation.

DOC's Response to IG's Recommendation, as Received:

DOC disagrees the recommendation because Case Managers had adequate access to resources to perform their duties at the time of the inspection. Consistent with DOC long term strategic information management planning, Case Managers have been provided with computer workstations, and electronic document management system access in their cellblock offices. The latter allows a Case Manager to access any paper document that has been scanned into the database from his/her desktop. Thus, DOC requests that this recommendation be removed from the inspection report. In addition, as part of the Records Office renovation, Case Managers will be given a separate room in which they can readily access, review and update inmate records.

OIG Comments: ***Action taken by DOC should adequately address the condition noted.***

29. <u>The Case Management Unit lacks up-to-date written policies and procedures governing how the Unit conducts and monitors its daily operations</u>.

In a report dated October 5, 1999, the District of Columbia Office of the Corrections Trustee stated that the level of disorganization and inefficiency in case management jeopardizes the sound management of

inmates. They further stated that most of the written case management policies are at least several years old, with many being 10-20 years old, and that virtually all of the unit's policies are either ignored and/or ineffective. Case Management officers stated that they follow no written policies or procedures and rely on verbal instructions that are often confusing and usually not followed. The team witnessed a heated verbal exchange between management and staff over a failure to follow verbal instructions. The Deputy Warden for Programs stated that the Unit presently relies on policies and procedures developed for use at the Lorton facility. This failure to provide the case management unit with updated written policies and procedures and the reliance on verbal instructions is causing disorganization and inefficiency, and jeopardizes effective management of providing assistance to inmates.

Recommendation:

That the Warden direct the Deputy Warden for Programs to update policies and procedures and develop a training manual for the Case Management Unit.

Agree _____ Disagree **X (In Compliance)**

DOC's Response to IG's Finding, as Received:

In response to the 1999 Corrections Trustee's assessment, DOC began working with that office to update over 160 policies and procedures for the agency. In January 2000, Case Managers began working with staff from the Office of the Corrections Trustee to update some 30 policies and procedures and develop appropriate management controls to ensure that vital program functions are executed properly. The controls consisted of program review guidelines to measure compliance with established standards.

At the time of the inspection, eighteen (18) program statements for Case Managers had been published and implemented. The IG team was aware that considerable progress on Program Statement development had been made in this area. Case Managers have been operating under the Case Management Manual that governed policies and procedures for the

Lorton Corrections Complex, Central Detention Facility, and Community Release Programs. In addition, CDF had Division Operation Procedures in place. Moreover, a Unit Management Manual has been developed and has received considerable review and input by case management staff. The Unit Management concept places greater supervision and decision-making responsibilities upon the staff.

DOC's Response to IG's Recommendation, as Received:

DOC disagrees with the recommendation because substantial compliance was in place at the time of the inspection. The department has policies, procedures and manuals in place. Program Statements were in effect, and all Case Managers were trained in their use. Thus, DOC requests that this recommendation be removed from the inspection report.

OIG Comments: ***Action planned and taken by DOC should adequately address the condition noted.***

30. <u>The policies and procedures manual for the Halfway House is inadequate</u>.

The Halfway House procedures manual contained poor sentence structure and organization, as well as grammatical and spelling errors. The manual lacked written procedures for key functional areas such as housekeeping, security and medical care. The team informally interviewed several staff members who appeared unfamiliar with the manual.

Recommendation:

That D/DOC directs the Administrator of the Halfway House to correct the flaws in the procedures manual and ensure its appropriate dissemination.

Agree _____ Disagree **X**

DOC's Response to IG's Finding, as Received:

The draft Procedures Manual that the IG team was given is not an authorized document. Instead, the attached Procedures Manual for CCC 4 was in effect. DOC also had a separate Housekeeping Manual in effect at the time of the inspection.

An updated Community Release Programs Manual will be issued pending execution of several agreements and procedures with CSOSA. A copy of the current draft is provided for the IG's review. DOC will take advantage of best practices used in model halfway house programs throughout the nation. The official manual to be issued will meet high professional standards with respect to comprehensiveness, organization and clarity of instruction.

DOC's Response to IG's Recommendation, as Received:

DOC disagrees with the recommendation because the manual the IG received and based its judgment on was an incorrect document. A new manual is being drafted based upon mission changes in the facility. The new manual under development will be disseminated to staff at the Halfway House and will be reinforced with intensive classroom instruction. Thus, DOC requests that the finding and recommendation be removed from the inspection report.

OIG Comments: ***Action planned by DOC should adequately address the condition noted.***

Findings and Recommendations:

CAPITAL IMPROVEMENT PROJECTS

CAPITAL IMPROVEMENT PROJECTS

A Capital Improvement Program (CIP) project is designed to provide funding for facilities or systems that require extensive renovation, modernization or new construction. Projects exceeding $25,000 are included in the CIP. Facility maintenance is required on a continuous and routine basis to prevent structural, environmental, and safety deterioration. Due to a lack of CIP funds for badly needed renovation and maintenance projects, the CDF has progressively deteriorated. In response to this problem, in FY 2000 $25 million in Capital Improvement funds were approved. These funds are being used for the following projects: heating, ventilation, and air conditioning (HVAC) replacement; installation of a hot water system; lighting and plumbing upgrades in the inmate housing areas; general renovation of the laundry facility; floor refinishing throughout the entire facility; escalators-to-stairs conversion; and upgrading the fire alarm and sprinkler system. The completion of these projects should greatly improve the environmental and safety related issues confronting the CDF.

31. DOC management did not consider some relocation alternatives for temporary inmate housing during the renovation of the Central Detention Facility which could lead to substantial cost and time savings, and reduce security and project management concerns.

During interviews with engineers from the Facilities Management Division of the CDF, the team learned of the extensive renovation project planned for the CDF. After reviewing the renovation plan the inspection team determined that there were several alternatives for temporary inmate housing that could have been evaluated and considered for implementation. The OIG addressed the issue in a May 18, 2001, MAR to D/DOC (Appendix 8). D/DOC's response to the OIG agreed with the recommendation to renovate a pod that consists of three cellblocks instead of renovating one cellblock at a time (Appendix 9).

Recommendation:

That D/DOC establish a team to evaluate the feasibility of alternatives to current renovation plans. Based on the results of the study and the recommendations of the evaluation team, D/DOC can then make a more informed decision about renovating the CDF.

Agree _____ Disagree **X (In Compliance)**

DOC's Response to IG's Finding, as Received:

DOC did consider renovation alternatives, as the IG noted. DOC subsequently determined that it was not feasible to repair three cellblocks at a time because of inmate population pressures. Instead, DOC is repairing 2 cellblocks at a time when working in the East and West housing areas and one cellblock when on the North or South Side. This approach will save the District at least $1 million by cutting project duration an estimated six months. These savings are obtainable because of the Department's in-depth analyses and evaluation, and should be noted as such in the Inspector General's report.

DOC's Response to IG's Recommendation, as Received:

DOC disagrees with the recommendation because compliance was achieved prior to completion of the inspection. Thus, DOC requests that the finding and recommendation be removed from the inspection report.

32. Due to the absence of a long-term lease agreement or purchase arrangement, DOC officials have been unwilling to undertake much needed renovations to the Halfway House.

The lack of a long-term lease agreement for the Halfway House was an issue raised in the District of Columbia Auditor's report dated March 29, 2000. The report noted that the Department of Correction's lease for the Halfway House facility had expired on January 30, 1997, and that since that time, the District has maintained a month-to-month leasing arrangement ($25,500/month) with the property owner. The building needs major

renovations and, according to DOC officials, the District is responsible for the cost of all repairs.

A DOC memorandum written by the facility manager, dated May 22, 2001, estimates that renovation costs for the most serious deficiencies will be $1,189,000 (Appendix 10). Theoretically, the District could renovate the Halfway House and, based on the current contractual arrangement, receive an eviction notice and be required to vacate the property. Accordingly, it does not seem financially prudent for the District to invest this large sum of money for renovation of a facility that is neither owned nor under a long-term lease.

Recommendation:

That D/DOC coordinate with the Office of Property Management to negotiate a long-term lease agreement, seek a purchase agreement, or seek funding for a replacement facility.

Agree _____ Disagree **X (In Compliance)**

DOC's Response to IG's Finding, as Received:

The DOC, in concert with the DC Office of Property Management (OPM), had been negotiating with the owner of Community Correctional Center 4 well before commencement of the inspection. DOC has advised OPM of the need to correct the lack of sufficient terms and conditions in the expired lease agreement, require necessary renovations and improvements to the building, and meet all appropriate zoning and safety requirements.

DOC's Response to IG's Recommendation, as Received:

DOC disagrees with the recommendation because compliance was underway prior to commencement of the inspection. The options listed by the IG are being evaluated within the framework of current negotiations. Thus, DOC requests that the finding and recommendation be removed from the inspection report.

CAPITAL IMPROVEMENT PROJECTS